STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 22, 2006

GENERAL LETTER NO. 3-B-2

ISSUED BY: Division of Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter B, ***STATE RESOURCE CENTERS***, Title page, revised; Contents (pages 1, 2, and 3), revised; Contents (page 4), new; pages 1 through 73, revised; and pages 74 through 96, new.

Summary

This chapter is revised to:

- Rewrite the definition of abuse.
- Add a new section on admission policy.
- Replace the abuse policy section with a new section that addresses incidents in general.
- Add the requirement of a quality council at each resource center.
- Move all definitions to the beginning of the chapter.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter B from Employees' Manual, Title 3, and destroy it. This includes the Title page, Contents (pages 1-3), and pages 1-73, all dated May 12, 2006.

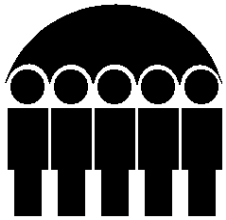
Additional Information

Refer questions about this general letter to your institution superintendent.

Revised September 22, 2006

Employees' Manual
Title 3
Chapter B

STATE RESOURCE CENTERS



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OVERVIEW

The purpose of each state resource center is to provide individuals with developmental disabilities opportunities to live and develop independent living skills in a safe and humane environment where the individual's rights are protected with the end goal of assisting the individual to return to and live in the community.

This is best achieved when the resource center works to develop competency-based trained staff who work cooperatively with the individual to develop an individual support plan based on an assessment of the individual's preferences, strengths to build on, and needed supports. The plan also assesses the diverse risk issues affecting the individual's quality of life and develops supports to minimize the impact risks have on the individual.

The individual's served by the resource center usually have many medical needs that requires the services of professional clinical staff who are committed to providing treatment services in the most integrated manner possible to maximize good health and well being.

To assure that services comply with current professional standards and are maintained, it is essential that an ongoing process be in place to evaluate clinical judgment against practice standards along with the implementation of processes that continuously seek to improve the quality of the services provided.

In November 2004, the state of Iowa entered into a settlement agreement with the United States Department of Justice relating to the state resource centers. Effective October 1, 2004, the Iowa Department of Human Services and the state resource centers agreed to the Iowa State Resource Centers Plan. The policies in this chapter are part of the state's good-faith effort to implement the provisions of the agreement and the plan.

Each resource center shall establish, maintain, and adhere to written policies and procedures that comply with applicable federal and state law, policy, regulations, and ensure that policies and procedures reflect a commitment to quality through integrated teamwork. Each facility's policy shall be subject to the review and approval of the deputy director.

Legal Basis

Iowa Code section 218.1 provides that the director of the Department of Human Services has full authority to control, manage, direct and operate the Department's institutions and may assign this authority to the superintendents at the resource centers.

Iowa Code section 218.13 requires the Department to conduct background checks of any person who is:

- Being considered for employment involving direct responsibility for an individual or with access to an individual when the individual is alone; or
- Requesting permission to reside on the grounds of the resource center.

The purpose of the background check is to determine whether the person has been convicted of a crime or has a founded child abuse or dependent adult abuse record. If so, the Department is required to determine if the conviction or founded abuse warrants prohibition of the person from employment or residing on grounds.

Iowa Code Chapter 222 outlines the authority and responsibilities of the state resource centers.

Iowa Code sections 232.67 through 232.77, Iowa Code Chapter 235A, and 441 Iowa Administrative Code Chapter 175 define child abuse and require reporting, investigation, and actions to be taken to protect children a from abuse.

Iowa Code Chapter 235B and 441 Iowa Administrative Code Chapter 176 define dependent adult abuse and require reporting, investigation, and actions to be taken to protect dependent adults from abuse.

Iowa Code sections 225C.25 through 225C.32 provide that persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness retain the same rights granted to all other persons and cannot be denied these rights without due process.

Iowa Code section 709.1 defines sexual abuse.

Title XIX of the Social Security Act and 42 CFR §483.420(a) require facilities to ensure the rights of clients as a condition of participation in the Medicaid ICF/MR program.

Civil Rights of Institutionalized Person Act (CRIPA) at 42 USC §§1997j requires the United States Attorney General to investigate conditions of egregious or flagrant deprivation of rights of persons residing in public institutions.

Public Law 106-402, the Developmental Disabilities Assistance & Bill of Rights Act of 2000: (DD Act), codified at 42 USC 15001, provides that programs, projects, and activities for persons with developmental disabilities shall be carried out in a manner consistent with supporting the rights of the persons served.

Definitions

"Abuse" occurs when a caretaker intends to inflict harm on an individual or, where the caretaker fails to act or acts in a reckless manner, which has the consequence of causing that individual harm, or has the potential to cause such harm. Abuse may also occur when a caretaker threatens harm in a manner that a reasonable person believes that the harm might occur. Types of abuse include:

- **Physical abuse:** An act that causes, or may have caused an injury to an individual. Physical abuse includes but is not limited to:
  - Hitting, slapping, pushing, pinching, throwing objects directed at the individual or otherwise striking an individual,
  - Physical assault,
  - Corporal punishment (physical punishment for an individual's actions),
  - Use of excessive force (failure to use least restrictive interventions),
  - Unauthorized use of restrictive interventions including restraint, seclusion, aversive conditioning, time out or punishment, or
  - Incitement to act, which includes circumstances where caretakers instigate individuals to inflict harm on another individual(s)

- **Sexual abuse:** Any sexual contact between an individual and a caretaker is sexual abuse. Sexual abuse occurs when there is any sexual contact with a minor. Sexual abuse includes but is not limited to:
  - Inappropriate touching,
  - Attempted or actual sexual relations,
  - Penetration,
  - Solicitation,
  - Indecent exposure,
  - Sexual assault,
  - Invasion of privacy for sexual gratification,
  - Use of sexually explicit language to harass or suggest sexual activity, or
  - Sexual exploitation (having individuals perform sexual acts with other individuals for the employee's benefit or sexual gratification)
- **Verbal abuse:** An oral (including tone of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to:
  - Yelling,
  - Swearing,
  - Name-calling,
  - Teasing,
  - Insulting, or
  - Use of disrespectful or derogatory terms to describe an individual.
- **Mental or psychological abuse:** Actions that result or may result in a negative impact on an individual's sense of well-being, safety, integrity, or self-esteem. The impact may be recognized by an individual's expression of anxiety, depression, withdrawal, or by aggressive behaviors. Such abuse includes but is not limited to:
  - Intimidation,
  - Withholding attention,
  - Threat to physically harm, or
  - Taunting or harassment

- **Neglect or denial of critical care:** Actions or inactions that result in the failure to provide food, shelter, clothing, physical or mental health, supervision, or any other care necessary to prevent imminent risk of or potential risk for harm or death. Neglect or denial of critical care includes but is not limited to:
  - Lack of appropriate supervision of individuals which result in an elopement,
  - Withholding of food or clothing or other activities to punish an individual or any other such action which is not included in the individual's Individual Support Plan,
  - A medication error when it results in an immediate or imminent health risk,
  - Lack of appropriate supervision of individuals which results in sexual contact between minors,
  - Lack of appropriate supervision of individuals which results in non-consensual sexual contact between adult individuals or when one of the adults is incapable of giving consent, or
  - Lack of appropriate supervision which results in assault
- **Exploitation:** An act or process of taking advantage of an individual or an individual's physical or financial resources for personal gain. Exploitation includes but is not limited to:
  - Misleading or deceiving an individual to gain access to personal resources,
  - Stealing an individual's personal property, or
  - Requests for or using individuals to perform work duties for the caretaker or to perform services for the state resource center that are not in accordance with the individual's support plan.

"Active treatment" means continuous training to assist individuals acquire their maximal independence through formal and informal activities enhancing their optimal physical, emotional, social, intellectual, and vocational levels of development and functioning.

"Admission" means the acceptance of an individual for full residence at a resource center on either a voluntary or involuntary basis.

"Adult" means an individual 18 years of age or older.

"Adverse drug reaction" means an unexpected and untoward reaction to medication.

"Allegation" means an assertion of misconduct or wrongdoing that has yet to be proven or confirmed by supporting evidence.

"Allied health services" means a group of diverse providers responsible for a portion of integrated healthcare that directly or indirectly impact services to individuals or facilities along the chain of service delivery.

"Aspiration pneumonia" means an inflammation of the lungs and bronchial tubes caused by inhaling foreign material, usually food, drink, vomit, or secretions from the mouth into the lungs.

"Assault" means the actual physical or sexual attack of an individual or threat of a physical or sexual attack. Sexual assault occurs between individuals when one of the individuals has not given consent or when one of the individuals is incapable of giving consent. See Iowa Code section 708.1.

"Behavior support plan" or **"BSP"** means a component of the individual support plan that is a comprehensive, individualized plan outlining behavioral issues impacting a person's life and interventions for addressing those behaviors.

"Bio-psycho-social" means a philosophy identifying the inter-relatedness and interdependence of the biological, psychological, and social components of a human being.

"Board of supervisors" means the elected governing body of a county as defined in Iowa Code Chapter 331.

"Bowel obstruction" means an intestinal obstruction involving a partial or complete blockage of the bowel that results in the failure of the intestinal contents to pass through.

"Business day" means a working day in the usual Monday-through-Friday workweek. A holiday falling within this workweek shall not be counted as a business day.

"Caretaker" means an employee, contractor, or volunteer of a resource center.

"Catchment area" means the group of counties, designated by the deputy director, that each resource center is assigned to serve.

"Central point of coordination process" means the process defined in Iowa Code section 331.440(1)(a).

"Child" means an individual under the age of 18.

"Choking" means a blockage of the upper airway by food or other objects, preventing an individual from breathing effectively. Choking can cause a simple coughing episode or complete blockage of the airway and lead to death.

"Clinical indicator" means a measure assessing a particular health care outcome determined to have a clinical significance or correlation to the quality of care.

"Clinical services" means a group of specialized practices addressing the bio-psycho-social needs of an individual. For the purposes of this policy, these practices include the specialized care provided by licensed practitioners in the fields of dentistry, medicine, neurology, neuropsychiatry, nursing, nutrition, occupational therapy, pharmacology, physical therapy, psychiatry, psychology, and speech and language pathology.

"Community integration" means the process of including persons with disabilities in the environments, activities, and social networks of typical persons. This term is also used interchangeably with "inclusion."

"Competency-based training" means a type of training in which the student must demonstrate, through testing or observed practicum, a clear understanding of the learning material presented.

"Comprehensive functional assessment" or **"CFA"** means a set of evaluations identifying an individual's strengths and preferences; functional and adaptive skill levels; disabilities and possible causes; and needs.

"Contractor" means a person employed under a personal services contract by the facility that has direct personal contact with an individual.

"Corporal punishment" means the use of any physical force to inflict punishment for an individual's actions.

"Corrective action" means action to correct a situation and prevent reoccurrence of the situation. Corrective action may include but is not limited to, program change, system change such as an environmental improvement, or disciplinary action.

"County board of supervisors" means the elected board of supervisors of an Iowa county.

"Date of application" means the date that the Department's Field Operations Support Unit receives the application by the county board of supervisors or the court's request for a diagnostic evaluation.

"Department" means the Iowa Department of Human Services.

"Deputy director" means the Department's deputy director for Field Operations.

"Dignity of risk" means the concept that individuals, having the right to self-determination, also have the right to expose themselves to experiences which, while posing some risk, open doors to learning and growth that would have remained closed had the risk not been taken.

"Discharge" means another provider has accepted responsibility for providing services and supports to an individual and the resource center no longer has legal responsibility for proving direct services to the individual.

"Discharge plan" means the plan developed for an individual that identifies the major barriers to discharge and the strategies that will be developed and implemented to overcome the barriers to enable the individual to move to the most integrated setting appropriate to the individual's needs.

"Due process" means assuring that an individual's rights are not limited unless done so by court order through a process defined by law or through an individual's approved program plan process that includes informed consent.

"Elopement" occurs when:

- An individual's location is unknown by staff who are assigned responsibility for oversight; or
- An individual who is allowed to travel independently on campus does not arrive or return when expected; or
- An individual who is either on or off campus leaves without permission and is no longer in continuous oversight.

"Employee" means a full-time, part-time, or temporary person on the payroll of the facility.

"Entities responsible for funding" means the individual's county of legal settlement or the Iowa Department of Human Services.

"Essential supports" means the medical, mobility, nutritional, and behavioral supports that are essential to an individual's health and safety. Absence of an essential support would immediately negatively compromise the individual's health, safety, or behavior. Essential supports are to be in place before an individual is placed.

"Evidence-based practice" means the integration of best research evidence with clinical expertise and patient values.

"External review" means a review conducted by persons from outside the resource center who represent the specialties that are required to be reviewed.

"Facility risk data profile" means the aggregate data collected on the type of risks experienced by individuals who reside at a resource center which is used for identifying trends, patterns, quality management and performance improvement.

"Family," for an adult individual, means the family member the individual has designated to receive information concerning the individual's services at the resource center.

"Full residence" means the determination that the individual meets all the admission requirements and has been admitted for an ongoing stay to receive support and treatment services.

"Grievance" means a written or oral complaint by an individual involving a rights violation, or unfairness to the individual, or any aspect of the individual's life that the individual does not agree with.

"Guardian" means the person other than a parent of a child who has been appointed by the court to have custody of person of the individual as provided under Iowa Code section 232.2(21) or 633.3(20).

"High risk or dangerous behavior" means a behavior or action on the part of an individual that a reasonable and prudent person would deem as of immediate danger to the individual's health or safety or the health or safety of another person. This includes threatened behavior when the individual has the immediate opportunity and capacity to carry out the behavior.

"Immediate clinical review" means a review initiated by a treatment program manager or QMRP by the end of the next working day from when a problem is identified to address:

- Whether appropriate treatment and supports were in place, and
- What changes are needed to appropriately address the problem.

The clinician or a group of clinicians appropriate to evaluate the cause of the problem shall conduct the review. The treatment program manager or QMRP shall determine the participation of other members of the individual's interdisciplinary team based on the individual and the problem involved.

"Incident" means any action, situation, behavior, or occurrence that is not consistent with the care, treatment, or habilitation plan of an individual or that may affect the health or safety of the individual.

"Incident review committee" means the committee responsible for the overall monitoring, reviewing, and determining the effectiveness of a resource center's implementation of incident management policies and corrective actions. At a minimum, the committee shall include the superintendent, the persons directly responsible for the program and treatment services, representatives from psychology and nursing, and the director of quality management.

"Individual" means any child or dependent adult residing at and receiving services from a resource center. For the policies on human rights and abuse, it also includes any child or dependent adult not residing but receiving services from a resource center.

"Individual education plan" or **"IEP"** means the primary document outlining an individual's educational needs and the services and supports required for the individual to receive a free appropriate public education in the least restrictive environment.

"Individual support plan" or **"ISP"** means the plan of treatment, education, and support services developed for each individual to address the individual's identified needs.

"Informed consent" means an agreement by an individual or by the individual's parent, guardian, or legal representative to participate in an activity based upon an understanding of:

- A full explanation of the procedures to be followed, including an identification of those that are experimental.
- A description of the attendant discomforts and risks.
- A description of the benefits to be expected.
- A disclosure of appropriate alternative procedures that would be advantageous for the person.
- Assurance that the consent is given freely and voluntarily without fear of retribution or withdrawal of services.

"Injury of unknown origin" means an injury whose origin or etiology cannot be conclusively determined, despite preliminary or formal investigative efforts.

"Interdisciplinary team" or **"IDT"** means a collection of people with varied professional backgrounds who develop one plan of care to meet an individual's need for services.

"Legal representative" means a person, including an attorney, who is authorized by law to act on behalf of an individual.

"Legal settlement" means the determination made under Iowa Code sections 252.16 and 252.17 to identify whether one of the 99 Iowa counties has a legal obligation to provide financial support for an individual.

"Mandatory reporter" means:

- For adult abuse, a person as defined in the Iowa Code section 235B.3(2).
- For child abuse, a person as defined in the Iowa Code section 232.69(1).

"Medical emergency" means a change in an individual's health status that requires emergency medical intervention, including but not limited to use of the Heimlich maneuver, use of CPR, defibrillation, calling 911 for emergency medical services, or hospitalization.

"Medication error" means not administering a medication as ordered or administering a medication without authorization.

"Mental retardation" means a condition where all of these factors are present:

- Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning) as defined by the ***Diagnostic and Statistical Manual of Mental Disorders***, Fourth Edition, American Psychiatric Association.
- Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
- Onset before the age of 18. (Criteria from ***Diagnostic and Statistical Manual of Mental Disorders***, Fourth Edition (DSM IV-TR), 2000 revision, American Psychiatric Association)

"Nonessential supports" means those supports that are a necessary part of a complete individual support plan for an individual but their short-term absence is not an immediate threat to the individual's health or safety. Nonessential supports are to be in place no later than 60 days after the individual is placed.

"Official designated agent" means a person designated to act on behalf of a board of supervisors by a recorded vote of the board of supervisors.

"Outpatient admission" means a person is provided a service but is not admitted to residence, except the term includes individuals admitted to residence for a diagnostic evaluation for determining the appropriateness of a court ordered admission.

"Parent" means a natural or adoptive mother or father of a child but does not include a mother or father whose parental rights have been terminated.

"Performance measure" means a type of indicator assessing a particular process determined to affect quality of care or compliance.

"Perpetrator" means a person who has been found, under the law, to be responsible for the abuse of a child or a dependent adult.

"Physical injury" means:

- Damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or
- Damage to any bodily tissue that results in the death of the person who has sustained the damage.

"Pica" means the intentional swallowing of all or part of an inedible substance or foreign body.

"Professional standards" means those as contemporary, accepted professional judgment, and practice standards that are recognized by a profession.

"Programmatic restrictive intervention" means a planned act, program, process, method, or response infringing upon an individual's rights that has been approved by the human rights committee and for which informed consent has been obtained.

"Qualified mental retardation professional" or **"QMRP"** means the leader of the interdisciplinary team (IDT), also referred to as the treatment program manager (TPM). The qualified mental retardation professional is ultimately responsible for ensuring individuals receive all needed bio-psycho-social services and supports in an integrated and coordinated fashion.

"Quality assurance" means all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare. (Source: The Quality Assurance Project funded through USAID)

"Quality council" means the group of key employee leaders in administration, clinical services, and direct service management that is responsible for oversight of the quality management and performance improvement practices facility-wide.

"Quality improvement" means using collaborative efforts and teams to study and improve specific existing processes at all levels in an organization. (Source: JB Quality Solutions, Inc., ***The Healthcare Quality Handbook*** 2005)

"Quality management" means a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of patient care and services provided and the likelihood of desired patient outcomes. (Source: JB Quality Solutions, Inc., ***The Healthcare Quality Handbook*** 2005)

"Quality of care" means the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

"Residence" means an over night stay at a resource center.

"Residential technical assistance team" or **"RTAT"** means the identified field and central office employees designated to review all voluntary applications or court orders for admission to a state resource center to assure that all reasonable community based options have been considered before an application for admission to a resource center is approved.

"Restrictive intervention" means an act, program, process, method, or response limiting or infringing upon an individual's rights.

"Rights" means the human, civil, and constitutional liberties an individual possesses through federal and state constitutions and laws.

"Rights violation" means any act, program, process, method or response, either through commission or omission, infringing upon or limiting an individual's rights, as defined in this chapter, without due process or without adherence to the emergency restriction policy in this chapter.

"Risk" means an actual or likely condition, injury, or predisposition posing the possibility of danger or loss to an individual.

"Risk/benefit analysis" means weighing the negative impact on the individual's rights against the expected benefit of a rights limitation to determine if the individual's expected outcome, with the rights limitation, is of more value to the individual than the outcome of not limiting the individual's rights.

"Risk management plan" means an individualized interdisciplinary plan that addresses an individual's identified risks and is incorporated into the individual support plan.

"Risk status" means the level of risk severity to the individual.

"Serious injury" means injury, self-inflicted or inflicted by another, resulting in significant impairment of a person's physical condition, as determined by qualified medical personnel. Serious injuries include but are not limited to, injuries that:

- Are to the genitals, perineum, or anus;
- Result in bone fractures;
- Result in an altered state of consciousness;
- Require a resuscitation procedure including CPR and Heimlich maneuver;
- Result in full thickness lacerations with damage to deep structures;
- Result in injuries to internal organs;
- Result in a substantial hematoma that causes functional impairment;
- Result in a second degree burn involving more than 20% total body surface area,
- Result in a second degree burn with secondary cellulitis,
- Result in a third degree burn involving more than 10% total body surface area,
- Require emergency hospitalization; or
- Result in death.

"Significant weight change" means an unexpected change in body weight (more than a 10% increase or decrease) during report month.

"Skin breakdown" means a Stage 2, 3 or 4 pressure sore or decubitus ulcer.

"Specialty peer review" means professional or clinical assessments of care conducted by like professionals for the purposes of improving client outcomes.

"State case" means the determination made under Iowa Code section 252.16 that identifies an individual as not having legal settlement in an Iowa county and places funding responsibility with the state.

"Status epilepticus" means ten or more minutes of continuous seizure activity or two or more sequential seizures without full recovery of consciousness between seizures.

"Suicide attempt" means a verbalized expression of the intent to harm oneself coupled with an attempt to harm or attempting to harm or harming oneself.

"Suicide threat" means verbally expressing the intent to harm but not having attempted to harm oneself.

"Suspension or termination" means the involuntary removal, dismissal, or termination from an educational, vocational, or occupational program in which the individual regularly participates.

"Suspicious injury" means:

- An injury where the initial explanation of the injury appears inconsistent with the injury sustained, or
- Injuries to the face such as black eyes, bruises around the neck, on the buttocks or inner thighs, injuries to the genitals or any patterned injuries regardless of the area of the body.

"Temporary admission" means the voluntary admission of an individual to residence on a time-limited basis for evaluation or treatment.

"Transition plan" means the plan developed when an appropriate discharge setting has been identified for an individual that specifies the actions needed to be taken by the resource center to accomplish the discharge and assure success. The plan:

- Identifies the appropriate local county, Department, and provider staff who will be involved in implementation of the plan; and
- Specifies the required resource center actions and the staff and timelines for completion of the required actions.

"Volunteer" means an unpaid person registered with the resource center who has direct contact with an individual.

POLICY ON ADMISSIONS

It is the policy of the Department that admission to a resource center shall be made only for individuals for whom community-based resources are not adequate to meet the individual's current needs. Admission is available only to persons with mental retardation.

All applications for voluntary admissions are screened to assure that community resources have been considered and it has been determined that, based on generally accepted professional standards of care, the resource center is determined to be the most integrated setting based on the individual's current needs.

Applications for voluntary admission of adults shall be made through the central point of coordination process. Applications for minors shall be made through the county board of supervisors.

Involuntary commitments are evaluated before a commitment order is issued to determine if the commitment would be appropriate and if the resource center has adequate facilities to care for the individual.

General Principles

Resource center written policies and procedures shall assure that:

- Voluntary or involuntary admission is authorized only after it has been determined that community-based resources are not adequate to meet the individual's current needs.
- Voluntary or involuntary admission is authorized only after is has been determined that the resource center has adequate facilities to serve the individual and the admission will not result in over crowding.
- The voluntary admission of an adult individual is made only with:
  - An application from and the consent of a county board of supervisors through the central point of coordination process; and
  - A diagnostic evaluation that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.
- The voluntary admission of a minor individual is made only with:
  - An application from and the consent of a county board of supervisors; and
  - A diagnostic evaluation that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.
- Minor individuals are admitted voluntarily only after the individual has been informed of the individual's right to object to a voluntary admission and, if the minor objects, a court has authorized the individual's admission.
- Involuntary admissions are made only after a diagnostic evaluation indicates that an admission is appropriate and a court has issued an order for commitment.
- Legal settlement of the individual has been determined or the dispute resolution process has been initiated if necessary.
- The individual's rights are protected throughout the admission process.
- The individual or the individual's parent, guardian, or legal representative is involved in the admission process.

- The individual or the individual's guardian understands that the resource center's goal will be to return the individual to community services and that the discharge process begins with admission.
- The local state and county employees involved in the admission understand that the resource center's goal will be to return the individual to community services and that the discharge process begins with admission and agree to this understanding in writing.
- The local state and county employees who are responsible for assisting in developing the appropriate community resources for the individual are strongly encouraged to be a part of the individual's individual support plan process.

Application Submittal Process

Resource center written policies and procedures shall assure that:

- Applications for admission, temporary admission, or outpatient admission shall be accepted only from counties in the resource center's catchment area as defined in 441 IAC 28.11(218) unless the deputy director grants an exception.
- The applicant submits adequate information to determine that:
  - The individual for whom application is made is a person with mental retardation,
  - All reasonable community resources have been considered and it has been professionally determined that the resource center is the most integrated setting to meet the individual's current needs, and
  - Appropriate information regarding the individual's history, previous services and supports, and current service and support needs has been provided.

Legal Settlement

Resource center written policies and procedures shall assure that:

- The county of application makes a legal settlement determination under Iowa Code section 252.16 and 441 IAC 30.3(222), using form 470-3439, *Legal Settlement Worksheet*, before an admission is approved.

- When legal settlement or state case status is in dispute, admission shall be approved only after the county of application has given the notices required in Iowa Code sections 252.22 and 252.23 to all potential counties of legal settlement and when appropriate, to the deputy director.
- Following admission of a minor, and at least annually until the individual reaches majority, the legal settlement of the minor's parents shall be reviewed to determine whether:
  - The parents have acquired legal settlement,
  - The parents' county of legal settlement has changed, or
  - The parents have lost legal settlement.

  If any of these changes appears to have occurred, notice of the possible change shall be sent to the currently identified county of legal settlement, and:
  - In the case of potential loss of legal settlement, to the deputy director, or
  - In the case of a current state case, to any potential new county of legal settlement.
- All legal settlement determinations submitted shall be reviewed to determine if the resource center agrees with the determination.
- When the resource center disagrees with the determination, notice shall be given to the deputy director.

Individuals Without Legal Settlement

Resource center written policies and procedures for individuals without legal settlement shall assure that:

- The application shall be made in the same manner as an application for an individual with legal settlement.
- The deputy director or the deputy director's designee shall approve the application.

Voluntary Residential Admission for Adult

Resource center written policies and procedures shall assure that:

- All applications for admission shall be approved as appropriate for admission by the residential technical assistance team before the resource center processes the application.
- An application for admission shall be accepted only when the application has been made through the central point of coordination by the board of supervisors of either the individual's county of residence or the individual's county of legal settlement.
- The application shall be made using form 470-4402, *Application for Admission to a State Resource Center*.
- The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission, using form 470-4402, *Application for Admission to a State Resource Center*.
- The board of supervisors or the board's officially designated agent shall sign the application.
- When the individual has been determined or alleged to be a state case, the deputy director or the deputy director's designee shall also sign the application.
- The application shall provide information supporting a diagnosis or possible diagnosis of mental retardation.
- When the individual for whom application is made is not competent to give consent to admission or treatment, the individual's guardian or legal representative shall give consent.

Voluntary Residential Admission for Minor

Resource center written policies and procedures shall assure that:

- Before the resource center processes an application for admission, the residential technical assistance team shall approve the application as appropriate for admission.
- An application shall be accepted only when the application has been made by the board of supervisors of either the individual's county of residence or the individual's county of legal settlement.
- An application shall be made using form 470-4402, *Application for Admission to a State Resource Center.*
- The board of supervisors or the board's officially designated agent shall sign the application.
- When the individual has been determined or alleged to be a state case, the deputy director or the deputy director's designee shall also sign the application.
- The application provides information supporting a diagnosis or possible diagnosis of mental retardation.

Involuntary Residential Admission

Resource center written policies and procedures shall assure that:

- The residential technical assistance team shall approve all court orders for admission as appropriate for admission before the resource center recommends the admission.
- Before accepting a court ordered admission:
  - A diagnostic evaluation of the individual has been made either by the superintendent or the superintendent's designee; and
  - The superintendent has recommended that the order be issued and that the resource center has adequate facilities for the care of the individual.

- A diagnostic evaluation is conducted only if the applicant or the applicant's guardian consents to the submittal of all background materials on the individual necessary to determine the appropriate service and support needs of the individual.
- Form 470-4402, *Application for Admission to a State Resource Center*, is not required for an involuntary admission but may be used informally to assure that a county board of supervisors is aware of the admission. When used, the resource center shall note on the form that it is for an involuntary admission.

Temporary Admission

Resource center written policies and procedures shall assure that:

- Voluntary application for a temporary admission shall be made in the same way as an application for a voluntary admission except:
  - The application is exempt from the residential technical assistance team process; and
  - A diagnostic evaluation is not required.
- The person or agency seeking temporary admission for an individual shall provide a written and signed understanding that:
  - The request is for a temporary admission for a specified limited period;
  - The person or agency agrees to take the individual back; and
  - Application for full resident admission requires a separate process.

Outpatient Admission

Resource center written policies and procedures shall assure that:

- Voluntary application for an outpatient admission shall be made in the same way as an application for a voluntary admission but is exempt from the residential technical assistance team process.
- Referrals from a district court for a diagnostic evaluation before issuing an order of commitment shall be referred through the residential technical assistance team process.

Admission Approval

Residential Admission Approval

Resource center written policies and procedures shall assure that residential admission approval is given only when:

- The individual clearly meets the definition of mental retardation;
- The preadmission diagnostic evaluation clearly shows that community resources have been considered and it has been determined that the Resource Center is determined to be the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care;
- The resource center has adequate facilities to serve the individual;
- The resource center has determined that it has the available services and supports the individual currently needs;
- The admission will not result in over crowding;
- Funding responsibility has been clearly established or, when in dispute, the process for resolving disputes is being followed;
- The individual or the individual's guardian has given informed consent to treatment;
- A minor has given consent to the admission during the preadmission diagnostic evaluation, or, if consent was not given, the admission was approved by a juvenile court in accordance with Iowa Code subsection 222.13A(2); and
- For commitments:
  - An individual shall be admitted to full residence once the superintendent has recommended the admission and the court has issued an order.
  - The superintendent shall acknowledge to the court receipt of the individual, upon receipt of an individual's order of commitment from the court.

Temporary Admission Approval

Resource center written policies and procedures shall assure that temporary admission approval is given only when:

- An application has been submitted using form 470-4402, *Application for Admission to a State Resource Center*.
- An application has been approved through a central point of coordination process, when required, and by a county board of supervisors.
- The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission, using form 470-4402, *Application for Admission to a State Resource Center*.
- When the individual has been determined or alleged to be a state case, the deputy director or the deputy director's designee shall also sign the application.
- The application provides information supporting a diagnosis or possible diagnosis of mental retardation.
- The individual or the individual's guardian has given informed consent for care, treatment, and training.

Outpatient Admission Approval

Resource center written policies and procedures shall assure that:

- Voluntary outpatient admission approval is given only when:
  - An application has been submitted using form 470-4402, *Application for Admission to a State Resource Center*.
  - An application has been approved through a central point of coordination process, when required, and by a county board of supervisors.
  - The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission using form 470-4402, *Application for Admission to a State Resource Center*.
  - When the individual is or is alleged to be a state case, the deputy director or the deputy director's designee shall also sign the application.

- The application provides information supporting a diagnosis or possible diagnosis of mental retardation.
- The individual or the individual's guardian has given informed consent for care, treatment, and training.

♦ Involuntary outpatient admission approval is given only when a district court has requested that a diagnostic evaluation of an individual be made.

Informed Consent

Resource center written policies and procedures shall assure that:

♦ Informed consent for care, treatment, and training shall be given by:

- The individual if the individual is competent to give informed consent, or
- If the individual is not competent to give informed consent, by the individual's parent, guardian, or legal representative.

♦ A general informed consent for services shall be obtained using form 470-4403, *Resource Center Agreement and Consent for Services*.

♦ The general informed consent shall be renewed no less frequently than every 12 months.

♦ Specific informed consent shall be obtained for participation in treatment that includes:

- Invasive or potentially harmful procedures,
- Programmatic use of restraints,
- Use of a behavior modifying medication,
- Non-emergency transfer to another facility,
- Programmatic use of adverse stimuli or response cost,
- Programmatic use of time out,
- Medical consents that are restrictive based on a medical condition, or
- Participation in experimental research.

Application Denial

Resource center written policies and procedures shall assure that voluntary applications shall be denied if:

- The application has not gone through the central point of coordination process and been signed by a board of supervisors;
- The individual for whom the application is made does not meet the definition of mental retardation;
- The application has not been approved by the residential technical assistance team;
- The resource center does not have adequate facilities or services to serve the individual or admission would result in over crowding;
- Any other application requirement has not been complied with;
- There is clear evidence that the individual has an appropriate and more integrated setting available; or
- The individual for whom application is made is not competent to give informed consent for admission or treatment and does not have a parent, guardian, or legal representative with the legal authority to give consent.

Readmission

Resource center written policies and procedures shall assure that:

- An application for readmission shall be made in the same manner as for a first admission except the resource center may waive the re-submittal of any information already in the resource center files and shall require only that information be updated.
- Readmission from alternative placement with a return agreement shall not require approval through the residential technical assistance team.

Performance Improvement

Resource center written policies and procedures shall assure that quality assurance practices are in place to:

- Monitor the voluntary application and involuntary commitment process to identify actual or potential systemic issues, needing corrective action; and
- Monitor the implementation and completion of corrective action plans.

Data Collection and Review

Resource center policies and procedures shall assure the collection of data on admissions:

- Data collected shall include, at a minimum, the following categories:
  - Name of each individual for whom application or court order was received
  - Date the application or court order was received
  - RTAT approval decision (yes, no, or not applicable)
  - Type of application:
    - Voluntary adult
    - Voluntary minor
    - Involuntary court order
    - Time limited
    - Outpatient
    - First admission
    - Readmission
  - Resource center's admission decision
    - Reason application was denied, if applicable
  - Legal settlement resolved or disputed
  - County of admission
  - Whether the individual has a county of legal settlement or is a state case
  - Barriers to community living that have led to the need for admission
- Data gathered from data analysis shall be used consistently for identifying and addressing individual or systemic issues to improve the application process.

- The resource center quality council shall review data from all admissions to assure that:
  - Problems are timely and adequately detected and appropriate corrective actions are implemented; and
  - When possible, root causes are identified that lead to corrective action.

Reporting Requirements

The resource center written policies and procedures shall assure that:

- The monthly reporting process of admissions to the quality council shall be defined.
- The data collected shall be available for analysis by each data element collected.
- The deputy director's office shall be provided with:
  - A monthly summary of applications received, approved, and denied,
  - A quarterly summary of the quality council's analysis of identified systemic issues, and
  - A quarterly summary of how the data analysis was used to improve the application process.

Employee Training and Education

Resource center policies and procedures shall assure that:

- All newly hired employees who will be responsible for processing admission applications and court orders shall receive competency-based training on the following topics:
  - State laws governing the admission and commitment of individuals to the resource center.
  - Resource center policy and philosophy on admitting individuals only when a professional determination is made that the resource center is the most integrated setting available for the individual.

- Determination of legal settlement.
- The central point of coordination process.
- Catchment areas.

♦ All employees responsible for processing admission applications shall receive annual competency-based training. Annual training sessions may be an abbreviated version of the original training.

♦ All employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.

♦ Training curriculum shall be updated regularly to reflect changes in laws, policies, and procedures.

POLICY ON HUMAN RIGHTS

It is the policy of the Department of Human Services that the constitutional and legal rights of every individual who resides at or receives services from a resource center shall be protected and asserted. Individuals residing at a resource center possess the rights to:

♦ Exercise their rights as an individual and as a citizen or resident of the United States.

♦ Have a dignified existence with self-determination, making choices about aspects of their lives significant to them.

♦ Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.

♦ Be free from unnecessary drugs and restraints.

♦ Receive care in a manner maintaining their dignity and respecting their individuality.

♦ Receive an explanation of their medical condition, developmental and behavioral status, and the attendant risks of treatment.

♦ Receive appropriate treatment, services, and habilitation for their disabilities, including appropriate and sufficient medical and dental care.

♦ Refuse treatment (i.e., medication, behavioral interventions, etc.) and to be explained the consequences of those refusals.

- Receive an explanation and written copy of the rules of the facility.
- Have confidentiality of, and reasonable access to, their personal resource center records.
- Work, when desired, and be compensated for their work.
- Refuse to perform services for the facility and not be coerced to perform services.
- Share a room with a spouse when both live in the same facility.
- Receive visits from parents, guardians, legal representatives, or family without prior notice given the facility.
- Have opportunities for personal privacy, including during the care of personal needs.
- Communicate and meet privately with individuals of their choice without prior notice given to the facility.
- Have private phone calls.
- Keep and use appropriate personal possessions, including wearing their own clothing.
- Send and receive unopened mail.
- Manage the individual's own financial affairs.
- Communicate and access people and services at the facility and in the community, including organizing and participating in resident groups while at the facility.
- Choose activities, schedules, and care consistent with their interests, needs and care plans.
- Engage in social, religious, and community activities.
- Give informed consent including the right to withdraw consent at any given time.
- File a grievance without any form of intimidation or reprisal resulting from the grievance.

An individual's rights shall not be limited or abridged without due process under the laws of the state of Iowa or a restrictive intervention program approved under this policy with written consent of the individual or the individual's parent, guardian, or legal representative.

Human Rights Principles

Resource center written policies and procedures shall assure that:

- Individuals receiving services shall have the same legal and civil rights of all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment.
- Individuals shall be acknowledged as having full possession of these rights. Any restriction or encumbrance on an individual's rights shall be based on:
  - A court order (involuntary commitment, guardianship, etc.);
  - The written consent of the individual; or
  - A programmatic restrictive intervention process approved under this policy before such encumbrance occurs, except in the case of an emergency.
- An individual's rights shall be respected and protected against violation.
- Upon admission and at least annually thereafter, each individual, or the individual's parent, guardian, legal representative, or family, shall receive an explanation of the individual's rights and responsibilities in a manner and format the recipient understands.
- A standardized rights violation grievance process shall be established and maintained.
- All suspected rights violations, whether as an individual or a group, shall be investigated promptly and addressed through the identified grievance process.
- Individuals shall be educated on their rights and encouraged to exercise those rights in a manner that respects and does not violate the rights of others.
- Any allegation of rights violation that meets the definition of abuse under federal or state laws shall be reported and investigated in compliance with the Department's policies on abuse.

Rights Posting

Resource center written rights violation process policies and procedures shall assure that the rights of individuals are conspicuously posted in each living area and day program site in a brief and easily understood statement. The posting shall include:

- Information on how an individual may assert the individual's rights including the process for reporting alleged rights violations or grievances.
- A statement that retaliation shall not occur for good faith reporting.

Restrictions or Constraints on Rights

Resource center written policies and procedures shall assure that:

- The intentional violation of an individual's rights without due process, or the failure to report such violation is prohibited.
- All employees shall be responsible for protecting and promoting individual rights and support individuals in exercising their rights independently and, if necessary, with staff assistance.
- A process for approving restrictive interventions shall be implemented that requires:
  - Completion before an individual's rights are limited;
  - An interdisciplinary team review;
  - The informed consent of the individual or the individual's parent, guardian, or legal representative.
  - Documentation justifying the need for restriction including:
    - The purpose of the restriction.
    - The identified need and rationale for the restriction.
    - Less restrictive interventions tried without success.
    - Risk/benefit analysis supporting the need for the restrictive intervention.
    - The review and approval of the resource center's human rights committee.

- At or before admission, each individual or the individual's parent, guardian, or legal representative shall be provided with a copy of the rules of the facility and an explanation in a manner and format that the individual, parent, guardian, or legal representative understands.
- All court-ordered restrictions shall be incorporated into the individual support plan.

Emergency Rights Restrictions

Resource center written policies and procedures shall assure that a process for approving emergency restrictions is implemented and requires that:

- The process shall be used only when intervention is necessary to immediately protect the health or safety of the individual or others.
- A supervisor shall approve the intervention.
- The individual's interdisciplinary team shall review the emergency restriction within three business days of the emergency rights restriction.
- The individual's interdisciplinary team shall review any instance of more than three emergency restrictions in any four-week period and the individual's individual support plan is revised as appropriate.
- Data shall be collected and reviewed monthly.

Human Rights Committee

Resource center written policies and procedures shall assure that a human rights committee shall be maintained which is responsible to:

- Review recommended programmatic restrictive interventions;
- Approve or deny approval of recommended programmatic restrictive interventions;
- Monitor approved interventions to assure that programmatic restrictive interventions are implemented in accordance the Department's policy;
- Investigate grievances or allegations of rights violations;
- Make recommendations for program improvement; and
- Maintain a record of the decisions of the committee.

Reporting of Violations

Resource center written policies and procedures shall assure that:

- All employees, volunteers, and contractors witnessing or having knowledge of a rights violation shall be required to report the rights violation.
- The employee shall immediately report all allegations of rights violation orally to the employee's direct line supervisor, unless the allegation involves the supervisor, in which case the report shall be made to the supervisor's supervisor. Volunteers and contractors shall report allegations to their designated facility employee contact.
- All information pertaining to the allegation and subsequent investigation shall be kept confidential, including the name and position of the person making the report.
- Retaliation shall not occur for good faith reporting.
- Failure to report allegations of rights violation shall not be tolerated, including the willful failure to report rights violation.

Response to Report

Resource center written policies and procedures shall assure that:

- Notification of grievances filed shall be provided to the treatment program administrator, the Office of Quality Management, and the human rights committee.
- All allegations and rights violation allegations shall be immediately reported to the superintendent or the superintendent's designee.
- The superintendent or the superintendent's designee shall report to the deputy director all allegations of grievances or rights violations that are submitted to the Human Rights Committee for investigation. The report shall be made within 48 hours of the submittal to the human rights committee.

Allegations of Abuse

Resource center written policies and procedures shall assure that:

- All allegations of rights violation that meet the definition of abuse shall be investigated under the policies governing abuse investigations.
- If an allegation of rights violation does not meet the definition of abuse, but does meet the definition of mistreatment or neglect, it shall be investigated under the policies governing abuse.

Grievance Filing Process

Resource center written rights violation process policies and procedures shall assure that:

- A grievance filing process is developed and implemented for use by an individual who believes one or more of the individual's rights have been violated or has any other complaint. The process shall:
  - Specify the right for an individual or the individual's parent, guardian, legal representative, or family to file a written or oral grievance;
  - Provide assistance in filling out the grievance if needed by the individual filing;
  - Specify whom the grievance may be filed with; and
  - Provide written notification to the individual's parent, guardian, legal representative, or family of the grievance and the outcome of the investigation.
- Retaliation shall not occur for good faith reporting.

Investigation Process

Resource center written policies and procedures on the grievance and rights violation investigation process shall assure that:

- A copy of all grievances filed shall be sent to and reviewed by the human rights committee.
- The human rights committee shall investigate all grievances or allegations of rights violation, regardless of merit, unless resolved earlier in the process.

- All grievances or allegations filed shall be investigated by:
  - The first-line supervisor and treatment program manager. Within five business days after initiation of the grievance, the first-line supervisor and the treatment program manager shall investigate the grievance. The treatment program manager shall meet with the individual filing the grievance.

    If the complaint isn't resolved at this level, the findings shall be submitted to the treatment program administrator.
  - The treatment program administrator. Within five business days of receipt of the grievance, the treatment program administrator shall meet with the individual filling the grievance. If the grievance cannot be resolved at this level, the findings shall be submitted to the human rights committee.
  - The human rights committee. Within ten business days the committee shall complete its investigation and then within five business days shall develop recommendations for resolution and make a written report.
- Investigative reports shall be made using form 470-4367, *Resource Center Individual Grievance*, and shall contain, at a minimum, the following:
  - The name of the individual who filed the grievance or rights violation report.
  - The date, place, and time of the incident.
  - The date the incident was reported.
  - Each grievance or allegation of rights violation.
  - The names of all individuals involved.
  - The names of all employees and individuals who witnessed the grievance or alleged rights violation.
  - The names of all persons interviewed during the investigation.
  - For each interviewee, the questions asked and responses given, or if a tape of the interviews is available and maintained, a summary of the questions asked and responses given.
  - All documents reviewed during the investigation.

- All sources of evidence considered, including previous investigations involving the individual or the employee.
- The finding of the investigation and a clear statement as to the reasons for human rights committee conclusions.
- Recommendations for any corrective action (other than personnel actions).
- The outcome of the grievance or rights violation investigation.

♦ The findings and conclusions of all investigations resolved before reaching the human rights committee level shall be sent to the committee within two business days for review at the next meeting. The minutes of the human rights committee shall document the review.

♦ The individual's guardian, family, legal representative and the individual's parent, if the individual is a child, shall be notified of the resolution and findings and shall be provided with a statement specifying the right to appeal the decision to the superintendent.

Appeal Process

Resource center written grievance and rights violation process policies and procedures shall assure that:

♦ The individual filing the grievance shall have the right to appeal the decision of the human rights committee to the superintendent. The appeal can be made orally or in writing and must be filed within 14 business days of the human rights committee issuing its written report.

♦ The superintendent shall provide a written decision on the appeal within 14 business days.

♦ If the individual filing the appeal to the superintendent isn't satisfied with the superintendent's decision, the individual shall be provided with information on the individual's right to have a further appeal to the district court.

Corrective Action

Resource center written policies and procedures shall assure that:

- There is a process to assign the development and implementation of specific corrective action plans to address issues identified in all human rights committee findings with the purpose of correcting any specific violations and preventing future violations. This process shall assure that:
  - Written corrective action plans shall be developed within five business days of assignment.
  - Corrective action plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
  - Corrective action plans shall be implemented in a timely manner.
  - The results of corrective action plans shall be documented.
- The superintendent or the superintendent's designee shall approve all corrective action plans and any proposed modification to content or timeline.

  There is a monitoring process to assure that all corrective actions shall be developed and implemented as written.

Personnel Practices

Resource center written policies and procedures shall assure that:

- Any employee, volunteer, or contractor who has been found to have violated the rights of an individual shall be subject to sanctions up to, and including, dismissal or termination of contract.
- All decisions on type and severity of disciplinary actions taken against employees shall:
  - Be made timely; and
  - Be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

Rights Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the reporting of and review of grievances and alleged rights violations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

Data Collection and Review

Resource center policies and procedures shall assure the collection of data on grievances or alleged rights violations as described in this section.

Data collection shall include, at minimum, the following categories and all be provided in the format defined by the deputy director:

- Name of individual for whom grievance or alleged rights violation is filed
- Case number
- Date of grievance or alleged rights violation
- Date the grievance or alleged rights violation was reported
- Time of the grievance or alleged rights violation
- Living unit
- Location where grievance or alleged rights violation occurred
- Type of grievance or alleged rights violation
- Immediate action taken with staff
- Immediate action taken with individual
- Names of individual and employee involved
- Names of all witnesses
- Names of other individuals directly or indirectly involved
- Reported causes of the grievance or rights violation
- Outcomes of the human rights committee investigation
- Date the human rights committee investigation began
- Date the human rights committee investigation completed
- Final personnel action taken and date

- Corrective actions assigned, including:
  - The person responsible for corrective action completion,
  - The date by which the corrective action plan is to be completed, and
  - The date documentation of corrective action completion was submitted.

Records of the results of every investigation of grievances or alleged rights violations shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals. The resource center's quality council shall review data from all rights violation investigations to assure that:

- Problems are timely and adequately detected;
- Timely and adequate protections are implemented;
- Timely and appropriate corrective actions are implemented; and
- Root causes are identified, when possible, that lead to corrective action.

Reporting Requirements on Rights Data

Resource center written policies and procedures shall assure that:

- The monthly reporting process of grievances or rights violation allegations and related investigative findings to the facility quality council shall be defined.
- The data collected shall be available for analysis by each data element collected.
- The deputy director's office shall be provided with:
  - A monthly summary report of individual grievances or rights violations filed,
  - A quarterly summary of the analysis of the investigations of grievances or rights violations identifying systemic issues,
  - A quarterly summary of how the data analysis from investigations was used to identify systemic issues, and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Training and Education on Rights

Resource center written policies and procedures shall assure that:

- All newly hired employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the following human rights topics before having contact with individuals receiving services:
  - Individuals' rights as United States citizens or residents;
  - Applicable statutory rights;
  - The resource center philosophy, policy and practice on protecting and promoting individuals' rights;
  - Programmatic restrictive interventions;
  - Reporting suspected rights violations;
  - Facility processes in reviewing suspected rights violations; and
  - The role of the human rights committee.
- All employees shall receive annual human rights awareness training. Annual training sessions may be an abbreviated version of the comprehensive curricula however, all employees shall demonstrate competency on all rights-related topics.
- All staff training and education shall be regularly documented for each employee in a manner that permits the information to be available individually and in aggregate form.
- Education curriculum shall be updated regularly to reflect current professional standards on the subject matter.
- Staff training shall be implemented in a timely manner.
- Parents, guardians, legal representatives, and family of individuals, shall be provided with information on identifying and reporting rights violations and encouraged to report incidents they believe to be violation of an individual's rights.

POLICY ON CLINICAL CARE

Each resource center shall provide the highest quality clinical care possible. Clinicians shall understand served individuals' needs, be knowledgeable of best practices to meet those needs, and collaborate with other professionals to design and implement services around the lifestyle of the person.

Clinical Care Principles

Resource center written policies and procedures shall assure that all clinical care is:

- Consistent with current professional and clinical standards of practice.
- Person-centered, including but not limited to, services being:
  - Designed by, or with full participation by, the individual and the guardian, parent or legal representative,
  - Individualized to the specific needs and values of the individual,
  - Functionally and clinically integrated within the lifestyle planning of the individual, and
  - Responsive to the individuals' changing needs and conditions.
- Designed and monitored by competently trained professionals licensed in good standing with their respective licensing body.
- Implemented by competently trained employees capable of adapting care to a variety of settings.
- Both preventive and responsive in its diagnosis, treatment and intervention.
- Holistic, with full recognition of the bio-psycho-social aspects of individuals' lives and the multidimensional nature of "quality."
- Routinely monitored, modified and updated to ensure individuals receive timely care and services.
- Measured and analyzed at a variety of organizational levels.

Treatment Services

Resource center written policies and procedures shall assure that an individual's clinical treatment services shall:

- Be designed around the bio-psycho-social needs of the individual as determined by the interdisciplinary team, led by the individual whenever possible, and by timely assessments completed in a routine and responsive fashion, as indicated by modifications due to:
  - A change in an individual's lifestyle plan;
  - Changes in an individual's bio-psycho-social status; or
  - Lack of progress under the current clinical care plan.
- Be individualized to the degree that relevant baseline data is easily obtainable to determine:
  - Parameters in which status change is deemed acceptable, and
  - Signs, symptoms, status changes, or thresholds for action, requiring notification of the appropriate clinical team members.
- Be provided in accordance with current professional standards of practice as documented by:
  - Evidence-based practices in the acceptable fields of study,
  - Current clinical and professional knowledge as supported by research and education, and
  - Clinical judgment based upon current professional knowledge and the individual's individualized needs as identified through integrated assessments and review.
- Be measurable, with clearly identified indicators by which treatment efficacy can be determined.
- Be responsive to the changes noted in the individual's health care status, including:
  - Implementing individualized risk support plans for present risk, and
  - Timely development and implementation of supports for newly identified risks in accordance with the policy on risk management.

- Be monitored, supervised, and managed through clinical supervision and leadership, internal and external peer review, and monthly program reviews that are documented in the individual's record and contain:
  - A summary of individual's status, including progression, regression, or lack of progress,
  - The status of the individual's ability to meet the objectives of the plan, and
  - Action to be taken or changes to be made based on the individual's status, change in priorities, or recommendations made by outside consultants in response to face-to-face consultations held with the individual.

Care Performance Improvement

Resource center written policy shall assure that quality of clinical care is measured through clinical indicators and performance measures consistent with current professional standards and guidelines. Each resource center shall ensure that clinical care and allied health services are consistent with current professional knowledge, both in care planning and service delivery.

At minimum, the resource center policy and procedures shall assure that:

- Each specialty area shall be maintain easily retrievable information on currently accepted standards of practice and clinical indicators related to their discipline;
- Each specialty area shall develop and maintain internal quality improvement initiatives based on the principles of quality management and clinical care, including:
  - Regularly scheduled peer reviews or case studies in accordance with the deputy director's policy,
  - Regularly scheduled departmental team meetings to foster open communication, cohesiveness and cross-educational opportunities,
  - Ongoing review of clinical processes to determine efficiency, relevancy, and opportunities for streamlining or improvement, and
  - Ongoing research in the field, via journals, Internet, etc., to ensure programming is consistent with currently accepted standards of practice.
- The resources necessary to implement the Department's policies shall be allocated, secured, and maintained to provide optimal clinical care.

Data Collection on Clinical Care

Resource center written policies and procedures shall assure that:

- Each profession required to do peer review shall develop appropriate quality indicators for quality improvement purposes in their area and these indicators shall be identified in the Quality Indicator Report.
- All quality indicators shall be reviewed no less than annually to ensure their applicability and relevancy to clinical care.
- Recommendations for change or expansion shall be made to the director of quality management.
- Data collected shall be reviewed and analyzed no less than monthly with the findings reported at the quality council meeting.
- The Office of Quality Management and Office of the deputy director shall work with resource center employees to assess required changes, updates, or removal of data sets.

Employee Training and Education on Clinical Care

Quality is affected by knowledge, and knowledge is fluid, continued learning and education are fundamental to sound clinical practice. Each resource center shall create and maintain a learning environment that supports on-going education initiatives.

Resource center policies and procedures shall assure that:

- All newly hired employees who will be providing direct services or supports to individuals shall receive competency-based training on the fundamental aspects of clinical care, including:
  - Person-centered healthcare services,
  - The bio-psycho-social treatment approach, and
  - The importance of integrated clinical care.

- All clinical employees shall receive annual competency-based refresher training on clinical care.
- All professional employees involved in clinical care processes, and their supervisors, shall receive initial and annual competency-based training on:
  - The bio-psycho-social treatment approach, and
  - Integrated healthcare, including:
    - Effective communication with direct support employees and other clinical professionals, and
    - Ongoing collaboration with other team members to assure that each individual's needs are met.
- Clinical employees shall have opportunities, resources, and allotted time for professional development and education required to perform their duties as assigned.
- Clinical employees, in collaboration with the resource center's training department, shall identify specialty training courses and conferences addressing best practices.
- Employee training and education shall be documented in each employee's training record.
- The training curriculum shall be updated to reflect current professional standards on the subject.
- Employee training shall be implemented in a timely manner.

POLICY ON INDIVIDUAL SUPPORT PLANS

It is the policy of the Department of Human Services that each individual residing at a resource center shall have treatment, training, and education that are based, to the extent possible, on the strengths, needs and desires of the individual.

The individual support plan is the fundamental document detailing the self-identified goals and aspirations of an individual and the various supports the individual needs to reach those goals. Resource center policies and procedures shall be written and implemented to ensure that individual support plans are person-centered, person-driven, and built upon the principles set forth below.

Support Plan Principles

The resource center written policies and procedures shall assure that:

- Each individual has the right to lead and direct the individual's life to the best of the individual's ability.
- The facility has the responsibility to teach and train individuals to lead and direct their lives to the best of their abilities.
- True personal development occurs when individuals lead their lifestyle planning to the best of their abilities, tailoring their life activities around their strengths, interests, and personal goals.
- All individuals grow and develop best in a strength-based environment that:
  - Is driven by recognized strengths and abilities as opposed to recognized deficits;
  - Fully utilizes and builds upon those strengths and abilities to meet personal goals and needs;
  - Emphasizes and encourages learning and responsibility;
  - Recognizes, in an ongoing fashion, one's efforts as well as one's progress; and
  - Provides supports that meet the individual's preferences and learning style.
- An individual's well being is a bio-psycho-social condition and cannot be disjointed or compartmentalized.

Individual Support Plans Required

The resource center written policies and procedures shall assure that each individual residing at a resource center shall have a current individual support plan. "Current" is defined as:

- Within 30 days of admission or readmission to the resource center, and
- Within each 365 consecutive days annually thereafter.

Comprehensive Functional Assessment

The resource center written policies and procedures shall assure that:

- A comprehensive functional assessment shall be completed within 30 days before the development of the original individual support plan that accurately addresses:
  - The individual's strengths, preferences and positive attributes,
  - The individual's disabilities and diagnoses, and
  - The individual's functional abilities and needs.
- The assessment shall be updated with each subsequent annual plan update.

Individual Support Plan Development

Resource center written policies and procedures shall assure that each individual support plan shall:

- Be person-centered, reflecting the individual's preferences, strengths and desires, and fully reflect the desired lifestyle of the individual;
- Be developed based on comprehensive assessments that are consistent with current, generally accepted professional standards;
- Be written and implemented to assist individuals in gaining and exercising self-determination and independence to the greatest degree possible; and
- Be developed with full participation by the individual and the individual's parent, guardian or legal representative, as applicable, and all interdisciplinary team members.

Plan Coordination

Resource center written policies and procedures shall assure that the development of an individual's individual support plan shall incorporate and coordinate all the other support plans developed for an individual including:

- The behavior support plan,
- The risk management plan,
- The individual education plan, and
- All clinical care plans.

Individual Training Program

Resource center written policies and procedures shall assure that each individual support plan shall contain a comprehensive training program, which shall include:

- Opportunities for choice and self-management.
- Formal training goals identified by priority, including specific and measurable objectives, based on the comprehensive functional assessment, barriers to community living, and the individual's wishes, and outlining:
  - Single behavioral outcomes;
  - Methods and schedule for implementation;
  - Documentation requirements;
  - Type and frequency of data collection; and
  - Monitoring requirements, including persons responsible.
- Independent living skills development including, for individuals lacking them, training in personal skills, including:
  - Toileting;
  - Personal hygiene;
  - Dental hygiene;
  - Self-feeding;
  - Bathing;
  - Dressing;
  - Grooming; and
  - Communication of basic needs.

Program Review and Modification

Resource center written policies and procedures shall assure that:

- Each program shall be reviewed at least monthly and more often as indicated by an individual's needs, by:
  - The treatment program manager or qualified mental retardation professional, and
  - The interdisciplinary team member assigned to review the individual's progress on the specific training program.
- Program reviews shall be documented in the individual's record and minimally include:
  - A review and analysis of the program data;
  - A summary of the individual's progress;
  - A statement reflecting the program's efficacy and what, if any, modifications are needed to better address the individual's goals and needs.
- When a lack of expected progress or a significant change in the individual's status has occurred, the interdisciplinary team shall meet to determine if the individual support plan needs to be modified, and shall modify the individual support plan as appropriate.

Plan Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the quality of individual support plans, individually and collectively.

Individual Support Plans

Resource center written policies and procedures shall assure that:

- Individual support plans shall be developed based on current professional standards of practice, as evidenced by:
  - Language or content that is written in a user-friendly format and easily understandable to those responsible for implementation,

- Thorough and complete components for the comprehensive functional assessments, behavior support plans, risk management plans, individual education plans, clinical care plans, and
- Present and complete implementation standards, i.e., identified training needs, documentation requirements, assessments, etc.

♦ Individual support plans shall be monitored based on current professional standards of practice, as evidenced by:

- Data that is collected as prescribed,
- Evidence of interdisciplinary team members completing observations and record reviews, and
- Goals that are updated when criteria have been met or when a lack of progress or a consistent decrease is noted.

Data Collection and Review on Support Plans

Resource center written policies and procedures shall assure that:

♦ Each individual's progress towards independence shall be assessed at least monthly.

♦ Progress shall be based on the individual's ability to meet the specific objectives outlined in the individual support plan.

♦ The resource center shall document significant events that:

- Are related to the individual's program plan and assessments; and
- Contribute to an overall understanding of the individual's ongoing level and quality of functioning.

Employee Training and Education on Support Plans

Resource center written policies and procedures shall assure that:

- One person is designated who shall:
  - Ensure that appropriate training and technical assistance shall be provided to teams responsible for the development and implementation of individual support plans; and
  - Provide quality management oversight for the individual planning process.
- All staff responsible for the implementation of training programs shall receive competency-based trained on such programs before implementing the program.
- All newly hired employees shall receive competency-based training on the following individual support plan principles:
  - Person-centered planning,
  - Continuous active treatment,
  - Integrated program planning and implementation, and
  - Bio-psycho-social approach in all support services.
- All newly hired employees shall receive competency-based training on the following topics related to individual support plans:
  - Philosophy and purpose
  - Regulatory requirements
  - Assessments
  - Developing, implementing, and documentation of an individual support plan
- All employees shall receive annual competency-based training on the individual support plan components identified above. Annual training sessions may be an abbreviated version of the comprehensive curricula. However, all employees must demonstrate competency on all topics.
- Staff training and education shall be completed in a timely fashion and be documented in each staff member's training record.
- All staff responsible for implementing individual support plans shall receive competency-based training on the implementation of each individual's plan.

POLICY ON RISK MANAGEMENT

Each resource center shall effectively assess and address each individual's risk factors. Policies and structured processes shall be maintained to assist employees in quickly identifying the individual's risk factors and promptly take action to address those risks. Clinical and professional specialties shall collaborate to providing optimal care and support.

Policies and procedures shall give attention to the broad, and often diverse, risk issues affecting an individual's quality of life and address the complex medical issues which can lead to an increased risk for physical or emotional harm.

Risk Management Principles

Resource center written policies and procedures shall assure that:

- An understanding and commitment to integrated team planning shall be developed.
- A clear understanding of the multidimensional nature of risk and its impact on an individual's quality of life shall be developed.
- An environment of learning where each team member, including direct-line employees, are free and encouraged to participate, question and gain knowledge from one another shall be developed.
- A commitment to prevention, including educating individuals on their risk factors and how to manage their risks to the best of their abilities shall be developed.
- An understanding of the "dignity of risk" and its significance to an individual's self-determination shall be developed. See Definitions: "dignity of risk."

Risk Screening

Resource center written policies and procedures shall assure that each individual shall be screened for the risk factors identified below before the development of the individual's initial individual support plan and no less than annually thereafter.

Resource center risk factors include:

- 2 or more falls in a calendar month
- 3 or more psychotropic medications
- A/C & psychotropic medications
- Aggressor
- Alternative communication
- Aspiration pneumonia
- Colostomy
- Decubiti
- Diabetes
- Dysphagia
- Enteral tube
- Fractures
- GERD
- Hearing impairment
- Increased seizure activity
- Non-ambulatory
- Obesity
- Osteoporosis diagnosis
- Pica
- Seizure diagnosis
- Self-injurious behavior
- Sexual aggressor
- Tracheotomy
- Underweight
- Unplanned weight change
- Upper airway obstruction
- Ventilator dependency
- Victimization
- Visual impairment

The risk screening shall be:

- Person-centered, with presence and participation by the individual and the individual's parent, guardian, or legal representative when possible.
- Interdisciplinary, to ensure that:
  - Causal issues are appropriately identified,
  - The bio-psycho-social effects of the risks are identified, and
  - Co-morbidities are identified and considered during the screening.

Risk Assessment

Resource center written policies and procedures shall assure that the following actions shall be completed within five business days of the screening process revealing a risk factor or within five business days of an individual having a change of status (new risk identified or change in current risk status):

- A comprehensive assessment by qualified team members to examine:
  - Causal issues and the pervasive nature of the risk, including co-morbidities caused or affected by the risk factor;
  - The impact each risk factor has on the daily living of the individual;
  - The goals or desired outcomes of treatment and support; and
  - The supports required to actualize those goals or desired outcomes.
- An integrated team dialogue between all applicable disciplines (absence by exception only). Participation of a direct support employee familiar with the individual and the individual's daily lifestyle shall be required. This dialogue shall include:
  - A review of the assessment and the impact the risk factor has on the individual's quality of life;
  - The goals or desired outcomes of treatment and support;
  - The supports required to actualize those goals and desired outcomes;
  - Ways to provide the supports, with special emphasis given to:
    - The individual's strengths, preferences and lifestyle; and
    - The most integrated and naturalized fashion to provide supports, including opportunities to integrate the provision of supports with the individual's goals or objectives.
- Documentation of the team's discussion, outcomes, and planned course of action placed in the individual's resource center record.

Risk Management Plan

Resource center written policies and procedures shall assure that if supports are identified as necessary to address the risks shall be incorporated into the individual support plan within 30 days of the interdisciplinary assessment, or sooner when indicated by risk status.

At minimum, the individual support plan shall include:

- The dates of the assessment, team meeting and plan.
- The authors of the plan.
- A brief summary of each identified risk and its impact the individual's health, safety, self-determination and lifestyle.
- The risk of harm if the support is not properly implemented.
- The goals and desired outcomes of each support.
- Specific and measurable objectives easily understood by all employees.
- Preventative actions or steps to be taken by employees responsible for implementation.
- Specific triggers, symptoms or identified precursors to alert employees that the individual may be at immediate risk.
- Notification guidelines including what changes in the individual's condition shall require that a nurse, doctor, or other team be notified.
- Implementation guidelines including employees responsible and documentation requirements.
- Monitoring schedule, including the persons responsible, frequency, and documentation standards.
- Training requirements including persons to be trained, persons responsible for conducting training sessions and documentation requirements.

Risk Review

Resource center written policies and procedures shall assure that the individual support plans of individuals identified with a risk factor shall be reviewed at least monthly and more often if indicated by the individual's risk severity or status change. The review shall include the following:

- Observations of employees implementation of the plan, where appropriate, to ensure appropriateness and assess the plan's efficacy;
- Discussions with the individual and employees, routinely implementing the plan, to determine if any changes or modifications to the plan are recommended;
- Review of progress notes for the previous 30 days to determine if any unreported changes or symptomatology occurred, following up with employees as indicated;
- Review of the documentation and data collection specified by the plan to determine progress, changes, trends, etc.; and
- Documented summary, based on the review components identified above, of:
  - The individual's progress during the previous 30 days, present risk status, and current needs;
  - Changes to the individual support plan supports, if any, and rationale for the changes; and
  - Planned course of action for next 30 days and projected date for the next review.

Risk Performance Improvement

Resource center written policies and procedures shall assure that quality management and performance improvement efforts shall include specific focus on the goal to limit the impact the risks has on the individual's health and safety.

In concert with this policy's annual review, established criterion will be reviewed to ensure their adherence to current professional standards. Resource centers shall work collaboratively with the Office of Quality Management in the Division of Field Operations to determine what, if any, changes, modifications, or additions need to be made.

Risk Data Collection and Review

Resource center written policies and procedures shall assure that:

- Supervisors shall routinely review and monitor documentation by employees implementing risk support plans to ensure:
  - Timely completion of documentation requirements, and
  - Notification requirements for changes of status are followed when indicated.
- Individual and aggregate risk management data shall be maintained and furnished to designated persons, departments, etc.
- Data shall be reviewed, both individually and aggregately, to identify trends, patterns, or other issues related to risk issues.
- The facility's risk data profile shall be maintained with current monthly data and reviewed by the interdisciplinary teams and the quality council.

Risk Criterion Review

Resource center written policies and procedures shall assure that the risk factors identified under Risk Screening are reviewed annually along with the established criteria, to:

- Ensure their adherence to current professional standards and to
- Determine what, if any, modifications or additions need to be made.

The review shall be done in collaboration with the Office of Quality Management and the deputy director.

Employee Training and Education on Risk Management

Each resource center shall create and maintain a learning environment that supports on-going education initiatives. Specifically, resource center policies and procedures shall be written and implemented to assure that:

- All newly hired employees shall receive competency-based training on the following:
  - Person centered philosophy,
  - Identified risk factors,
  - Bio-psycho-social treatment approach,
  - Dignity of risk,
  - Quality of care,
  - Clinical indicators and performance measures,
  - Risk management plans, and
  - Their roles and responsibilities in identifying, assessing, and addressing individuals' risk issues.
- All employees shall receive annual training on the areas identified above. Annual training sessions may be an abbreviated version of the initial curricula. However, all employees must demonstrate competency on all risk related topics.
- Employee training and education shall be documented in each employee's training record and in aggregate form.
- The above training curriculum shall be updated to reflect current professional standards on the subject.
- Employee training shall be implemented in a timely manner.

POLICY ON INCIDENT MANAGEMENT

It is the policy of the Department that individuals served by the resource centers shall be provided opportunities to develop independent skills in a safe humane environment, free from abuse or harm. Incidents directly involving the care, treatment, or habilitation of an individual shall be identified and tracked for the purpose of scrutiny and investigation, prevention of future harm and to assure the maximum safety and protection of the individuals served.

Federal and state laws have been enacted to recognize and protect the civil rights of individuals with developmental disabilities, prohibiting the abuse of these individuals. These rights are specified in the POLICY ON HUMAN RIGHTS.

Incident Management Principles

- Abuse shall not be tolerated.
- There are consequences for persons who commit abuse.
- A safe environment provides the basis to accomplish the resource center mission of providing quality treatment and habilitation services to enable individuals to fully achieve their maximum potential.
- All staff, contractors, and volunteers have a responsibility to assure individual safety and protection from harm and therefore shall report all incidents immediately.
- In order to carry out these responsibilities effectively, staff, contractors, and volunteers must be adequately trained to recognize abuse and other incidents and what to do to protect the individuals served.

Personnel Practices

Resource center written policies and procedures shall assure that:

- Before beginning employment, volunteering, or contracting, all applicants for employment, reinstatement to employment, regular volunteering, or ongoing personal service contracts shall be screened for:
  - Employment history,
  - Criminal history,
  - Child abuse history,
  - Dependent adult abuse history,
  - Inclusion on the federal list of excluded individuals and entities, and
  - Inclusion on the Sex Offender Registry.
- Any person seeking employment or reinstatement to employment who has a record of founded child or dependent adult abuse or denial of critical care or has any conviction based on those offenses shall be denied employment unless:
  - The applicant submits form 470-2310, *Record Check Evaluation*, for screening by the Department, and
  - The Department determines that the applicant is employable.
- Any person seeking a personal services contract or seeking to volunteer regularly who has a record of a founded child, dependent adult abuse, or denial of critical care or has any conviction based on these offenses shall be denied the contract or the opportunity to volunteer.
- All personnel actions resulting from investigations shall follow state personnel policy and procedures.
- Any employee, volunteer, or contractor shall report within 24 hours or on the next scheduled working day any allegation or founding of abuse or being arrested for, charged with, or convicted of any felony or misdemeanor against the person arising from the person's actions outside the work place.

  Employees shall make the report to the employee's direct-line supervisor. Volunteers or contractors shall report to their facility contact person.

- When such a report is made, the employee, volunteer, or contractor shall complete form 470-2310, *Record Check Evaluation*, and the resource center shall submit the form for screening by the Department under Iowa Code section 218.13 to determine if the person continues to be employable.
- The resource center shall follow up on any information it receives that indicates that an employee, volunteer, or contractor has not reported any allegation or founding of abuse or arrest, charge, or conviction for any felony or misdemeanor.
- Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or on the next scheduled working day shall be subject to sanctions, up to and including dismissal or termination of contract.
- Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment shall be subject to sanctions, up to and including dismissal or termination of contract.
- All decisions on type and severity of disciplinary actions taken against employees shall be done timely and shall be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

General Incident Management

Resource Center written policies and procedures shall assure that:

- No employee, contractor, or volunteer shall behave in an abusive or neglectful manner toward individuals. No employee, contractor or volunteer shall violate the Iowa Code provisions related to:
  - Child abuse. (See Iowa Code section 223.68(2), and 441 IAC 175.21(232, 235A).)
  - Abuse or neglect of dependent adults. (See Iowa Code section 235B.2(5) and 441 IAC 176.1(235B).)
  - Sexual abuse. (See Iowa Code Chapter 709.)

Note: The Department's policy defines abuse more broadly than does the Iowa Code. Employee, contractor, or volunteer actions that meet the Department's definition of abuse in this chapter will be in violation of this policy and are strictly prohibited.

- All employees, contractors, and volunteers who have regular contact with individuals shall be trained to:
  - Identify and report abuse and other incidents; and
  - Respond to incidents threatening the health and safety of individuals as defined by this policy.
- Employees, contractors, or volunteers who fail to report incidents as required; who give false, misleading, or incomplete information; or who otherwise do not participate in the investigation or review process as outlined shall be in violation of this policy and shall be subject to:
  - Discipline or termination of services, whichever is applicable; and
  - Where appropriate, criminal prosecution.
- Employees who retaliate against any individual, employee, contractor, or volunteer for that person's involvement in the reporting and investigation process as a reporter or witness or in any other capacity shall be in violation of this policy and shall be subject to discipline, and where appropriate, criminal prosecution.
- Individuals shall be encouraged and educated to assert the legal and civil rights they share with all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment, free from abuse or harm.
- All incidents involving the care, treatment or habilitation of an individual that occur at the resource centers shall be identified and tracked for the purpose of scrutiny and investigation, in the interest of preventing future harm, and ultimately to assure maximum safety and protection of the individuals served.
- An electronic system that is uniform across both resource centers shall be developed and implemented to track reported incidents with the data listed in the performance improvement section of this policy.
- Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.

Individual Safety

Resource center written policies and procedures shall assure that:

- The health and safety needs of an individual involved in an incident are an immediate priority.
- All employees, volunteers, and contractors shall take immediate steps to assure that an individual involved in an incident receives needed appropriate treatment and protection from further harm. Such actions include but are not limited to:
  - Providing first aid,
  - Calling for emergency medical services,
  - Removing the individual from an environment that threatens further harm,
  - Removing an aggressor from further contact with the individual,
  - Removing a caretaker from contact with the individual when the caretaker has allegedly abused the individual, or
  - Any other appropriate action.
- The supervisor responding to the incident shall document the health and safety needs that the individual had because of the incident and the actions take in response to those identified needs.

Elopement on Campus

Resource center written policies and procedures shall assure that:

- When an employee determines that the individual's location on campus is unknown, a search shall immediately begin.
- If the individual is not found within 15 minutes, the designated supervisor, administrative officer of the day, and the superintendent or designee shall be notified.
- The superintendent or the superintendent's designee shall implement an organized, extended search and make the determination to end an extended search.

- The superintendent or the superintendent's designee shall contact law enforcement for assistance according to locally established agreements when:
  - An individual presents a danger to self or others or
  - An individual has not been located within 45 minutes of the initiation of an extended search.
- The superintendent or the superintendent's designee shall notify the Department of Inspections and Appeals:
  - When law enforcement has been notified,
  - If, during the time of the elopement, the individual has sustained an injury, threatened or harmed anyone, committed a crime, or engaged in high-risk behavior, or
  - When an individual has left the campus and is no longer in continuous oversight.

Elopement off Campus

Resource center written policies and procedures shall assure that

- When an employee determines that the individual's location off campus is unknown, a search shall immediately begin.
- If the individual is not found, the administrative officer of the day and superintendent or the superintendent's designee shall be immediately notified.
- The superintendent or designee shall:
  - Implement an organized, extended search,
  - Make the determination to end the extended search, and
  - Contact law enforcement for assistance.
- The superintendent or designee shall notify the Department of Inspections and Appeals if both of the following circumstances apply:
  - An extended search has been initiated, and
  - The individual has sustained an injury, threatened or harmed anyone, committed a crime, or engaged in high-risk behavior during the time of the elopement.

Incident Reporting and Tracking

Resource center written policy and procedures shall assure that:

- A system shall be developed that individuals, employees, contractors, or volunteers use to report incidents.
- A uniform electronic system shall be developed and implemented to track reported incidents with the data list in performance improvement section of this policy.
- Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.
- The following incidents involving an individual shall be reported and tracked:
  - Accidents on or off campus resulting in injury
  - Adverse drug reaction
  - Alleged abuse
  - Aspiration pneumonia
  - Assault to employees by individuals
  - Assault to peers by individuals
  - Bowel obstruction
  - Choking
  - Death (natural cause, other)
  - Elopement
  - Falls
  - Injuries of unknown origin
  - Injuries resulting from restraint
  - Medical emergency
  - Medication errors
  - New onset seizure
  - Pica
  - Self injuries
  - Significant weight change
  - Site infection (G-tube, tracheotomy, etc.)
  - Skin breakdown
  - Status epilepticus
  - Suicide attempt or gestures
  - Suspension or termination at work, school, etc.

- A reporting process shall be developed for other situations that could influence or be disruptive to the provisions of services to individuals, including:

  - Fire,
  - Theft,
  - Damage to physical plant or operations resulting from natural disasters, or
  - Major disruption in facility operation systems such as phone, electrical communications, heating or air conditioning, utilities.

  All of these situations shall be reported to the deputy director or designee on or before the end of the next business day.

Employee Reporting Requirements

Resource center written policies and procedures shall assure that:

- An employee shall immediately report all incidents verbally to the employee's direct line supervisor. This includes incidents that may be reported to the employee by a contractor or volunteer. If the incident is an allegation of abuse and involves the supervisor, the report shall be made to the supervisor's supervisor.

- When an employee suspects, has knowledge of, or receives a report of abuse that may have been caused by a person other than a resource center employee, contractor, or volunteer, the employee shall also verbally report this information immediately to the supervisor.

  The resource center shall have a process in place to report the allegation to the Department of Human Services within 24 hours of knowledge of the incident.

- All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.

- All mandatory reporters shall verbally report alleged abuse to the Department of Inspection and Appeals within 24 hours of knowledge of the incident.

- All mandatory reporters shall submit a written report of the alleged abuse to the Department of Inspections and Appeals within 48 hours of knowledge of the incident, using form 470-2441, *Suspected Dependent Adult Abuse Report*.

- All employees shall immediately report to their direct-line supervisor all calls to law enforcement pertaining to incidents or other activities occurring at the resource center, whether the call was made by an individuals or made by the employee personally.

Reporting Requirements for Volunteers and Contractors

Resource Center written policies and procedures shall assure that:

- Volunteers and contractors shall immediately report all incidents verbally to the employee who is their designated facility contact.
- All contractors or volunteers who receive a report of or have knowledge of abuse or suspected abuse that may have been caused by a person other than an employee, contractor, or volunteer shall immediately report the allegation to their designated facility contact.
- All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.
- All volunteers and contractors shall immediately report to their designated facility contact all calls to law enforcement, made by individuals or made personally, pertaining to incidents or other activities occurring at the resource center.

Supervisor Reporting Requirements

Resource center written policies and procedures shall assure that all supervisors receiving an incident report from an employee shall immediately report to the superintendent or the superintendent's designee:

- All allegations of abuse,
- All deaths,
- All serious injuries,
- All medical emergencies,
- All sexual assaults by individuals on peers or caretakers,
- All elopements,
- All attempted suicides,
- All injuries of unknown origin, and
- All calls made to law enforcement by individuals or caretakers.

Superintendent or Designee Reporting Requirements

Resource center written policies and procedures shall assure that the superintendent or the superintendent's designee shall report incidents to the deputy director or the deputy director's designee as follows:

- The following incidents shall be reported within two hours of receipt of initial incident report during the workweek, evenings, holidays, or weekends:
  - All allegations of abuse resulting in serious injury,
  - All allegations of sexual abuse,
  - All allegations of neglect involving elopement which results in a call to DIA or law enforcement, lack of supervision which results in sexual contact between individuals, and peer to peer assault resulting in serious injury,
  - All deaths caused by abuse or which are suspicious or unexplained,
  - All serious injuries of unknown origin,
  - All medical emergencies resulting in hospitalization,
  - All attempted suicides, and
  - All calls made to law enforcement.

  During regular business day hours, these reports shall be made by phone or E-mail. At all other times, the report shall be made by phone.
- All other allegations of abuse shall be reported as follows:
  - All allegations occurring between 8 a.m. and 4 p.m. on a business day shall be reported by 4:30 p.m. on the date of the reported allegation.
  - All allegations occurring after 4 p.m. and before 8 a.m. on a business day, as well as any incident occurring on a holiday or weekend day shall be reported by 10 a.m. the next business day.

Reports to Law Enforcement

Resource center written policies and procedures shall assure that the following shall be reported to law enforcement authorities:

- All allegations of sexual abuse shall be reported within two hours of receiving notification.
- All abuse investigatory findings that lead to the suspicion of a criminal act having been committed shall be reported as soon as identified.
- Any other reports or information identified in jointly developed agreements with local law enforcement authorities shall be reported.

Reports to Guardians and Families

Resource center written policies and procedures shall assure that the following shall be reported to guardians, legal representatives, parents, and families:

- Incidents requiring a Type 1 investigation shall be reported within 24 hours.
- All other incidents shall be reported in a timely manner.

Incident Investigation

Resource center written policies and procedures shall assure that:

- All incidents shall be investigated or reviewed.
- Incidents shall be categorized into types for purposes of distinguishing the specifics of the investigatory review process.
- All persons who perform investigations or reviews shall be trained and competent in carrying out these duties.
- All employees, volunteers, or contractors involved in the investigative process shall cooperate with the investigators and shall be apprised of the following:
  - Any incidents of "witness tampering," such as threats, intimidation, or coercion of employees, volunteers, contractors, or individuals involved in the investigation, shall be examined and, if confirmed, shall be regarded and addressed as violence in the work place.

- All verbal and written statements shall be presented with truthfulness and made without discussion or collaboration with other persons.
- Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.

Type 1 Incident Investigations

Resource center written policies and procedures shall assure that:

♦ Type 1 investigations shall be done for:

- All allegations of abuse.
- All serious injuries.
- All suspicious or unexpected deaths, and all deaths allegedly caused by abuse.
- All allegations of sexual abuse.
- All suspicious injuries.
- All injuries resulting from restraint.
- All suicide attempts.
- All individual sexual assaults of another individual.
- All physical assaults resulting in serious injury.
- Any physical assault when in the professional judgment of the treatment program manager, treatment program administrator or other authority, a type 1 review is deemed appropriate based on:
  - The nature of the incident,
  - The potential of harm from the incident, or
  - The prior incident frequency or history of the individuals involved.
- Other incidents as assigned by the superintendent or deputy director.
- All other incidents in which an initial type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse

- All type 1 investigations shall be conducted by a qualified investigator who:
  - Is supervised by a person that is independent of program operations;
  - Has successfully completed competency-based training on current professional standards for conducting investigations; and
  - Is able to work collaboratively with law enforcement officials when needed.
- All type 1 investigations shall:
  - Commence within four hours of the reporting of the incident; and
  - Be completed within five business days of the reporting of the incident.
- Investigation written reports shall be made using form 470-4366, *Incident Investigation Report.*
- The investigator's supervisor shall review all investigation reports for thoroughness, accuracy, completeness, coherence, and objectivity. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.
- When the investigation report is completed, it shall be sent to the superintendent or the superintendent's designee for review and approval.

Type 2 Incident Reviews

Resource center written policies and procedures shall assure that:

- A process shall be in place to review all incidents that will not have a type 1 investigation, in order to evaluate:
  - The cause of the incident,
  - The impact on the individual, and
  - The need for corrective action.
- Supervisory or administrative staff shall conduct type 2 incident reviews.
- The findings of the review shall be documented in the individual's record.
- All type 2 incident reviews shall:
  - Commence within four hours of the report of the incident; and
  - Be completed within five business days of the incident.

- Written reports shall be made using form 470-4345, *Type 2 Incident Review Report*.
- The completed report shall be sent to the treatment program manager for review of:
  - Completeness of the report,
  - Whether appropriate corrective action was identified,
  - Whether the corrective action complied with corrective actions policies, and
  - Whether a required clinical or interdisciplinary team review was completed.

Clinical or Interdisciplinary Team Review of Incidents

Resource center written policies and procedures shall assure that:

- The interdisciplinary team shall conduct an immediate clinical review of the following incidents:
  - Adverse drug reaction,
  - New onset seizure,
  - Aspiration pneumonia,
  - Choking,
  - Significant weight change,
  - Skin breakdown,
  - Site infection,
  - Bowel obstruction,
  - Suicide attempts, and
  - Medical emergency
- The individual's interdisciplinary team shall review the following incidents within five working days of the incident:
  - Two or more injuries of any type within ten calendar days,
  - Suicide threats,
  - Two or more falls within 30 calendar days,
  - Suspension or termination of school, work, etc.),
  - Two or more elopements, as defined in this chapter, within ten calendar days,
  - Increase in target behavior of 20 percent or more in past 30 days, and

- The findings of all immediate clinical reviews and interdisciplinary team reviews shall be documented in the individual's chart.
- The individual's individual support plan shall be revised as appropriate based on the review.

Treatment Program Manager Review of Incidents

Resource center written policies and procedures shall assure that:

- No less frequently than weekly, each qualified mental retardation specialist shall review all incidents from the previous week against the previous six months incident data for each person and collectively to identify any trends related to:
  - Incident type,
  - Incident cause,
  - Incident location,
  - Employees assigned,
  - Program area,
  - Resident treatment supervisor response,
  - Corrective actions taken, or
  - Notifications.
- All qualified mental retardation specialists shall conduct the review by on the same day of the week, as selected by the superintendent.
- A summary of the weekly review shall be submitted to the treatment program administrator. The summary shall highlight areas of concern and corrective actions to be taken.
- No less than monthly, each treatment program administrator shall review the summaries submitted by the treatment program managers and provide a summary of the findings and recommendations to the quality council.

Corrective Actions

Resource center written policies and procedures shall assure that:

- There shall be a process to assign the development and implementation of specific corrective actions plans to prevent future incidents and protect individuals' safety. The corrective action plans shall address issues identified in all:
  - Type 1 incident investigations,
  - Type 2 incident reviews, and
  - Clinical or interdisciplinary team reviews.
- This process shall assure that:
  - Written corrective action plans shall be developed with five business days of assignment.
  - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
  - Corrective action plans shall be implemented in a timely manner.
  - The results of corrective action plans shall be documented.
- The superintendent or the superintendent's designee shall:
  - Approve all corrective action plans created as the result of an investigation before implementation and
  - Approve any proposed modification to content or timeline before implementation.
- There shall be a monitoring and tracking process to assure that all corrective actions are developed within specified time limits and are completed as approved.

Incident Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to:

- Monitor the reporting and investigation of incidents;
- Identify systemic issues, actual or potential, needing corrective action; and
- Monitor the completion and implementation of corrective action plans.

Incident Data Collection and Review

Resource center policies and procedures shall assure that:

- Data collection on incidents shall include, at a minimum, the following categories:
  - Name of individual
  - Case number
  - Names of all witnesses
  - Names of employees and clients present
  - Names of employees assigned
  - Date, day of week, and time of incident
  - Individual's living unit
  - Abuse or incident type
  - Incident cause
  - Injury type
  - Body part where injury occurred
  - Injury class (serious or other)
  - Name of alleged perpetrator, if appropriate
  - Location where incident occurred
  - Activity where incident occurred
  - Treatment required
  - Time incident was discovered
  - Time and date report was completed
  - Person completing the report
  - Incident details

- Resident treatment supervisor response
- Resident treatment supervisor action
- Immediate actions with employee
- Immediate actions with the individual
- Additional corrective actions (yes/no)
- Corrective actions
- Person responsible for corrective action
- Date plan is to be completed
- Date documentation was received indicating corrective action completed
- Corrective action type
- Date facility investigation began
- Date facility investigation completed
- Outcomes of the investigation
  - Abuse substantiated or unsubstantiated
  - Cause of injury of unknown origin remains unknown
- Notifications
  - Guardian, legal representative, parents and family
  - Superintendent
  - Deputy director
  - Department of Inspections and Appeals (DIA)
  - Law enforcement, if appropriate
- Final personnel action taken
- Date DIA declined to investigate, if applicable
- Date DIA started investigation, if applicable
- DIA finding, if any
- Review by treatment program manager
- Review by treatment program administrator

♦ The information shall be tracked and provided in the format defined by the deputy director.

Data Review

Resource center policies and procedures shall assure that:

- Data gathered from the data analysis shall be:
  - Reviewed by the incident review committee; and
  - Consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals.
- The resource center's incident review committee shall review data from all investigations to assure that:
  - Problems are timely and adequately detected;
  - Timely and adequate protections are implemented;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified, when possible, that lead to corrective action.
- Resource center records of the results of every investigation and review of incidents or serious injuries shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

Reporting Requirements for Incident Data

Resource center written policies and procedures shall assure that:

- The monthly reporting process of incidents and investigative findings to the resource center's quality council shall be defined.
- The data collected shall be available for analysis by each data element collected.
- The resource center shall provide to the deputy director:
  - A monthly summary report on the incident reports;
  - A quarterly summary of the analysis identifying systemic issues; and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Incident Training and Education

Resource center written policies and procedures shall assure that:

- All employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the identification and reporting of incidents.
- All employees, volunteers who work on regular basis, and contractors shall received annual training on incident identification and reporting. Annual training sessions may be abbreviated version of the comprehensive curricula. However, all employees, volunteers who work on regular basis, and contractors, shall demonstrate competency on the incident policy.
- All training shall be regularly documented in a manner that permits the information to be available individually and in aggregate form.
- Education curriculum shall be updated regularly to reflect current professional standards and policy revisions regarding incidents.
- Training shall be implemented in a timely manner.
- Parents, guardians, legal representatives, and the families of individuals shall be provided information on the definition and reporting of incidents.

POLICY ON TRANSITION AND DISCHARGE

Each resource center shall encourage and assist individuals admitted to and residing at a Resource center to move to the most integrated setting consistent with the individual's professionally identified needs and individual choice.

All discharges of individuals from a resource center shall be based on a discharge plan developed by the individual's interdisciplinary team as part of the individual support plan. The plan shall:

- Be developed with the individual and the individual's parent, guardian, legal representative, or family, and
- Identify the barriers to discharge and the strategies that shall be implemented to enable the person to move to the most integrated setting.

Each resource center shall actively encourage individuals and their parents, guardians, family, or legal representative to consider community options and work toward moving to the community when the move can reasonably be accommodated, taking into consideration the statutory authority of the state, the resources available to the state, and the needs of others with mental disabilities.

Transition Principles

Resource center written policies and procedures shall assure that:

- Discharge planning shall begin with admission and is a part each individual's ongoing individual support plan.
- The assigned county case manager shall be encouraged to participate as a member of the individual's interdisciplinary team.
- The individual support plan shall identify the supports and protections that need to be provided to assure safety and adequate habilitation in the most appropriate integrated setting.
- The individual and the individual's parent, guardian, or legal representative shall be meaningfully involved in the planning leading to discharge and any concerns are addressed.
- The individual's living preferences shall be given preference with attention to supports necessary for health and safety.
- The individual's barriers to successful discharge shall be clearly identified.
- The individual support plan shall identify the strategies to be implemented to address the barriers.
- The individual's plan shall be updated as appropriate but no less than annually.
- As identified barriers change, appropriate strategies shall change.

- When a specific placement is identified:
  - A transition plan shall be developed and implemented;
  - The provider of any new service shall be included in the planning;
  - The entities responsible for funding the individual's services and supports shall be given notice and asked to assist in implementing the transition plan;
  - Other essential local staff, i.e. case managers, shall be involved in planning; and
  - Appropriate consents shall be in place.
- A transition plan shall be developed and implemented to assure that the essential supports called for in the individual's latest comprehensive assessment are put into place.
- A crisis plan shall be developed in case an emergency arises with the discharge.
- An individual voluntarily placed at a resource center shall be able to exercise the right to move without a plan, with written consent of the individual or the individual's guardian.

Discharge Notification

Resource center written policies and procedures shall assure that at the time of admission, the individual and the individual's parent, guardian, or legal representative shall be notified:

- Of the individual's rights for discharge.
- That discharge and transition plans will be developed with the goal of placing the individual to the most integrated setting appropriate to the individual's needs.
- Of the right to participate in the planning and to approve or disapprove any discharge or transition plan.

Discharge Planning

Resource center written policies and procedures shall assure that:

- Discharge planning shall be a part of the initial individual support plan for each individual and is updated on a regular basis at the time of each individual's annual individual support plan review or more frequently as needs change.
- The discharge plan shall identify:
  - The barriers that exist for the individual that would make it difficult for the individual to move to the most integrated setting; and
  - The strategies to be implemented to overcome the barriers.
- The individual's local case manager, when assigned, shall be invited and encouraged to participate in the individual's discharge planning.
- Any concerns the individual or the individual's parent, guardian, or legal representative has regarding discharge or transition shall be identified and, if possible, resolved on a timely basis.

Transition Plan

Resource center written policies and procedures shall assure that, when an individual is accepted for and agrees to service in a new setting:

- The individual's comprehensive assessment and proposed supports shall be reviewed with the individual and the individual's parent, guardian, or legal representative to facilitate their decision.
- A transition plan shall be developed for the individual that includes:
  - Identification of the individual's essential supports that the new provider shall have in place before the discharge can occur; and
  - Identification of the individual's non-essential supports the new provider shall have in place within 60 days of the discharge.
- Informed consent for the transition from the individual and the individual's parent, guardian, or legal representative shall be in place.

- In the case of a committed individual, notice of the proposed transition shall be sent to the appropriate court.
- Notice of the proposed transition shall be given to the entities responsible for funding the individual's care.
- Notice shall be given to all local county or Department employees who have some responsibility for services to the individual.
- The individual's comprehensive assessment and individual support plan shall be updated within 30 days before the individual leaves the facility.
- An agreement shall be signed between the resource center and the agency to whom transition is being made, that:
  - Identifies the essential supports the agency shall have in place before the discharge is made,
  - Identifies the non-essential supports the agency shall have in place within 60 days of discharge and the time frame for their implementation,
  - Requires the agency, when not all non-essential supports are in place within 60 days of placement, to develop a plan to have all non-essential supports in place within 90 days of placement,
  - Identifies the follow-up services the resource center shall provide during the post-placement oversight period, and
  - Identifies the resource center employee who shall be the contact person in case of an emergency with the placement.
- The transition plan shall identify:
  - The actions needed to notify the appropriate funding agencies, and other appropriate local staff, of the discharge, and to request approve of and assistance in implementing the discharge.
  - The employees who shall be responsible to complete the specific actions necessary to implement the discharge and specify the time limits for completion.

Discharge

Resource center written policies and procedures shall assure that an individual who has been placed at the resource center on voluntary basis shall be discharged upon the requests of the individual or the individual's parent, guardian, or legal representative when the request is made in accordance with Iowa Code section 222.15.

The individual shall be discharged from the rolls of the resource center 60 days after an individual is placed with another provider. **Exceptions:** Resource center written policies and procedures shall assure that:

- The supports in the transition plan shall be modified when requested in writing by the individual or the individual's parent, guardian, or legal representative.
- Discharges may be extended past 60 days only with the prior approval of the deputy director.
- Transition plans may be extended beyond 90 days only with the prior approval of the deputy director.

Post-Transition Oversight

Resource center written policies and procedures shall assure that:

- The individual's placement shall be safe and appropriate.
- The employees responsible for monitoring the placement, the actions the employees shall take to monitor, and the period for monitoring are identified.
- The essential supports shall continue in place.
- Nonessential supports shall be put in place according to the most current comprehensive assessment.
- Problems occurring with the discharge shall be identified and needed corrective actions implemented.
- Oversight shall be terminated after 60 days unless all the non-essential supports are not in place, in which case a plan shall be developed to fully implement the supports within 30 days.
- All oversight activities by the resource center shall be terminated after 90 days.

Discharge Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the implementation of the discharge and transition procedures to identify systemic issues, actual or potential, needing corrective action, and monitor the completion and implementation of corrective action plans.

Discharge Data Collection and Review

Resource center policy and procedures shall assure that:

- Data collection shall include, at minimum, the following categories:
  - Name of individual,
  - Identifying information (age, sex, functioning level, etc.),
  - Discharged with/without transition plan,
  - Category of type of placement at discharge (home, ICF/MR, waiver, etc.),
  - Date of discharge,
  - Date of admission,
  - Length of time to complete transition plan:
    - Number of plans completed in 60 days,
    - Number of plans completed in over 60 days,
  - Reasons for failure of the transition plan, and
  - Essential supports required.
- Documentation of transition plans shall be maintained, including:
  - Individual actions required to implement plan, and
  - Length of time required to accomplish individual actions.
- Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the discharge process.
- The data on discharges and transitions shall be provided to the Quality Assurance Council for their review to assure that:
  - Problems are timely and adequately detected;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified that lead to corrective action.

- Information shall be collected, aggregated, and analyzed on the existing barriers to movement of individual's to the community.

Reporting Requirements for Discharge Data

Resource center written policies and procedures shall assure that the deputy director's Office is provided:

- A monthly summary report on individuals placed during the month;
- A monthly summary report on the individuals in transition oversight; and
- An annual comprehensive report and assessment of the barriers that exist to discharging individuals into more integrated settings.

Employee Training and Education on Discharge

Resource center written policies and procedures shall assure that:

- All current and new employees who participate in the development of an individual support plan shall successfully complete competency-based training on the development of individual support plans, including policies and procedures on the development and implementation of individual support plans.
- All employees who participate in the discharge planning process shall be trained in the Department and resource center policies regarding discharge, transitioning, and monitoring.
- All employees who participate in development of an individual support plan shall be trained in the identification of barriers to integrated living and the development of strategies to overcome the barriers.
- All employees shall understand, encourage, and assist in implementing the Department and resource center policy of moving individuals to the most integrated setting consistent with the individual's needs.
- All employees who participate in the development of an individual support plan and in the transition and discharge planning process shall receive refresher training at least every 12 months.
- Each employee's training record shall contain evidence of completion of required training.

POLICY ON PEER REVIEW

Each resource center shall continuously seek to improve the quality of services to the individual's served. The quality management principles listed below using current standards of practice in the healthcare community shall be used to implement peer reviews and integrated care reviews with the goal of improving the quality of care given at the resource center.

To ensure quality care is maintained and continuously improved, professional accountability and clinical judgment shall be evaluated against practice standards established by each professional specialty.

Peer Review Principles

Resource center written policies and procedures shall assure that peer review processes shall be guided by the following principles:

- Responsible healthcare requires an integrated approach to quality, which is transparently measured against currently accepted standards of practices.
- Peer review is a quality improvement initiative driven by the desire to improve services and outcomes for individuals who live at the resource centers.
- Peer review is most successful when implemented in a culture of learning, free from blame.
- Professional development occurs most readily in a strength-based environment that:
  - Is driven by recognized strengths and abilities of the individuals served as opposed to recognized deficits;
  - Fully utilizes and builds upon those strengths and abilities to meet personal and organizational goals, and
  - Emphasizes and encourages learning and responsibility.
- Properly implemented, peer review processes will result in integration and multidisciplinary learning through team building.

Peer Review Required

Resource center written policies and procedures shall assure that the following professional specialties shall conduct specialty peer reviews:

- Dentistry
- Dietary
- Medicine
- Neurology
- Neuropsychiatry
- Nursing
- Occupational therapy
- Physical therapy
- Psychiatry
- Psychology
- Speech and language pathology

Review Schedule

Resource center written policies and procedures shall assure that the deputy director shall approve all peer review schedules.

Review Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to:

- Monitor the implementation of peer review;
- Identify systemic issues, actual or potential, needed corrective action; and
- Monitor the completion and implementation of corrective action plans.

Data Collection and Review

Resource center written policies and procedures shall assure that:

- Reviews shall be documented in a standardized format.
- Review data shall be tracked and reviewed by the quality council.

- Review data shall be electronically maintained by:
  - Specialty area
  - Date and type of review (internal or external)
  - Participants' names and titles
  - Review content, including:
    - Focus of meeting, e.g., individual cases, system, process, etc.
    - Standards of practice applied
    - Findings and outcomes
    - Issues identified
    - Type of issue identified (individual, systemic, procedural, etc.)
    - Corrective action plans developed when indicated, including responsible persons and the date by which such actions shall be completed
- Each specialty required to do peer review shall provide a brief presentation to the quality council at least annually, describing:
  - What changes have occurred in assessment and treatment;
  - Quality or performance improvement initiatives implemented;
  - Changes in outcome and performance measure data;
  - Lessons learned; and
  - Actions planned (including corrective actions and improvement plans).

Staff Training and Education on Peer Review

Each resource center shall create and maintain a learning environment that supports on-going education initiatives. Specifically, resource center policies and procedures shall be written and implemented to assure that:

- All newly hired employees who will be providing direct services or supports to individuals shall receive basic training on the purposes of peer review and the benefit of this practice to the individuals residing at a resource center.
- All professional employees involved in peer review processes and their supervisors shall receive initial and annual competency-based training on:
  - The principles and benefits of peer review,
  - Procedural guidelines in conducting internal and external peer reviews, and
  - Current approaches and advancements in healthcare peer review practices.

- All employees who provide clinical services in the listed specialties shall receive annual competency-based refresher training on peer review practices.
- Training and education shall be documented in each employee's training record.
- Employee training shall be implemented in a timely manner.
- Clinical employees shall have opportunities, resources, and time allotted for professional development and education that is required to perform their duties.
- Peer review competency-based training curriculum shall be updated to reflect current professional standards for peer review.

POLICY ON QUALITY MANAGEMENT

Each resource center shall continuously improve the quality of services it provides. Continuous improvement is best achieved when leadership is committed to excellence, there are established performance expectations, and there is a formal quality management system.

"Quality management" is a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of patient care and services provided and the likelihood of desired patient outcomes. (Source: JB Quality Solutions, Inc., The Healthcare Quality Handbook 2005)

A quality management system is focused on improving all services, systems, and processes within an organization. This approach to health care involves each person in the organization, recognizing that the "whole" is dependent upon its "parts." Quality management is based upon the question of "How can we do better?" (not "What did we do wrong?"). Quality assurance is not to be used in a punitive manner.

In its simplest form, quality management is the pervasive and continual pursuit of excellence. An effective quality management system requires that there be strong, proactive leadership, sound structures and processes, and an environment conducive to continuous quality improvement.

Quality Management Principles

Resource center written policies and procedures shall assure that:

- A culture of quality management philosophy shall be created and integrated into the general operations of the facility and shall reflect the following principles of quality:
  - An individual's well-being is a bio-psycho-social condition and cannot be conclusively measured compartmentally.
  - Effective decision-making involves those managing services, those providing services and, most importantly, those receiving services.
  - Effective results for an individual are achieved by integrated service delivery that is based upon currently accepted standards of practices.
  - The pursuit of "quality" has no final destination as it is fluid, changing with an ever-growing knowledge base.
  - Employees operate through processes developed within a system. Therefore, to ensure positive change, systems and their processes must be thoroughly assessed and taken into account before employee performance is evaluated.
- All employees shall be committed to continuous improvement of care for each individual and are directly responsible for the quality of services provided to individuals served by the resource center.
- Leadership shall be committed to and foster multi-disciplinary teamwork including all employees working with individuals.
- Leadership shall understand and recognize the interdependence of allied health services and the skill base each brings to quality health care.
- Leadership shall utilize and build upon the strengths and abilities of each employee to meet personal and organizational goals.
- Leadership shall create a culture of continuous improvement and shall emphasize an encourage learning and responsibility.

Facility Leadership Responsibilities

Resource center written policies and procedures shall assure that:

- Facility leadership is knowledgeable of current best practice standards.
- Facility leadership is responsible for ensuring that facility practices are consistent with current standards of care for individuals with developmental disabilities.
- Facility leadership is committed to the institution of quality and shall foster this throughout the organization with all employees.

Structures and Process

Resource center written policies and procedures shall assure that:

- Structures and processes shall be established to implement quality improvement initiatives effectively.
- A quality council shall be established to oversee the quality assurance and performance improvement practices facility wide. The council shall meet no less than monthly.
- The council shall be composed of leaders in the areas of administration, clinical review and direct service management including but not limited to:
  - The superintendent, who shall chair the council;
  - The director of quality management;
  - Assistant superintendents;
  - The medical director;
  - The directors of psychology, nursing, and habilitation;
  - Directors or lead persons in dietary, occupational therapy, physical therapy, speech/language therapy, and psychiatry;
  - A qualified mental retardation professional;
  - Treatment program administrators; and
  - Other key persons.

- The quality council shall:
  - Review clinical and performance outcome reports that focus on individual safety and wellness, client growth, and independence and facility practices. The reports shall include quality indicators as determined by the deputy director.
  - Review and refine systems and processes to better integrate and streamline services.
  - Assist interdisciplinary teams as appropriate.
- The quality council shall keep minutes of its actions in the format specified by the deputy director. At a minimum, the minutes shall, include the following information:
  - The meeting date, chairperson, members present, members absent, and the recorder.
  - The topics discussed at the meeting, a list of the handouts used, and a summary of the discussion.
  - The corrective actions identified, the person responsible for implementation, and the due date.
- Each specialty area, or discipline, resource center department director or responsible supervisor, shall assure that:
  - Employees shall be knowledgeable about and apply current professional knowledge in the field;
  - Current professional standards of practice and measurable outcomes shall be identified and monitored;
  - Professional practice is evidence-based, whenever possible, and minimum standards of quality care shall be identified and monitored; and
  - Employees closest to the individual and responsible for implementing programs shall be actively recruited for their assistance in identifying opportunities for integration of programming.

- Supervisors and managers shall maintain close contact with their employees to foster the pursuit of quality and assess its progress. Meetings shall occur regularly with all employees to assure their understanding and involvement in quality improvement processes, which shall include:
  - Defining, measuring and improving quality,
  - Implementing quality initiatives in their respective area, and
- Supervisors and managers shall maintain effective communication processes to ensure employees remain involved and knowledgeable of quality issues, including individual and facility outcomes, and improvement initiatives.
- Supervisors and managers shall assure the integration of the concept and expectation of quality care into position descriptions and performance evaluations.

Environment

Resource center written policies and procedures shall assure that:

- There shall be a continuous assessment of the culture of the facility, with specific focus on any attitudinal barriers affecting the implementation of self-determination and person-centeredness. Identified issues shall be addressed.
- There shall be ongoing processes to assure that employees are up to date regarding current disability-rights issues and to ensure that the facility's practices are congruent with contemporary thought and practices in the community. Identified issues shall be addressed.

Quality Performance Improvement

Resource center written policies and procedures shall address quality assurance and quality improvement efforts directed towards improvement of services and shall assure that:

- Key performance data shall be routinely collected and analyzed.
- Quality performance indicators and reporting formats shall be identified by July 1 of each year.
- Corrective or improvement activities shall be based upon relevant data.
- Data collection activities shall assure data integrity and reliability.

Quality Reporting Requirements

Resource center written policies and procedures shall assure that:

- Systems and methods shall be in place to assure the collection of key performance and performance data on a monthly basis. Other data items will be collected as defined by the quality councilor the deputy director.
- At a minimum, the outcome and quality indicators shall include the data items determined by the deputy director.
- Quality council minutes shall be provided to the deputy director on a monthly basis in a format determined by the deputy director.
- Written policies and procedures shall assure that performance and quality management data is provided on a monthly basis to the quality council.
- Policies and procedures shall assure that monthly data is reported to the deputy director in the required format.

Employee Training and Education on Quality Management

Resource center policies and procedures shall be written and implemented to assure all employees receive based training on quality management principles.

Upon hire and at least annually thereafter, all employees shall receive competency-based training on quality management issues including:

- Terms and processes related to "quality."
- The principles upon which quality management philosophy is built.
- The Department and resource center commitment to quality.
- How quality is defined, measured, and reported.
- The integration of quality measures across service areas or domains.
- The purpose and importance of data collection including:
  - Documentation requirements,
  - Data authenticity and reliability, and
  - Data integrity.
- The role of internal quality management systems.
- Specific quality indicators relevant to the employee's job assignment.
- Tools, reports, and other mechanisms used by the resource center in the provision of quality healthcare.